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The Commonwealth of Massachusetts



■ FIFTY-SECOND ■

ANNUAL REPORT

of the

MASSACHUSETTS:
Department of Public Health,

■ July 1, 1965 - June 30, 1966 ■

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52nd ANNUAL REPORT

of the

Mass. DEPARTMENT OF PUBLIC HEALTH

July 1, 1965 - June 30, 1966

STATEMENT OF MANUFACTURE
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PT. H. HOUSE, BOSTON

U.S. OFFICIALS

TABLE OF CONTENTS

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	<u>Page</u>
Administration	9
Adult Health	39
Alcoholism	41
Budget	38
Civil Defense Section	60
Communicable Diseases	43
Dental Health	45
District Health Offices	55
Drug Addiction Rehabilitation Board	12
Food and Drugs	50
Health Education	16
Health Statistics	12
Hospital Facilities	66
Hospitals, Department	
Lakeville Hospital	73
Lemuel Shattuck Hospital	47
Massachusetts Hospital School	74
Pondville Hospital	75
Rutland Heights Hospital	76
Tewksbury Hospital	77
Western Massachusetts Hospital	77
Laboratories, Institute of	69
Legislation	
Passed by 1965-1966 Legislature	26
Recommendations for 1967 Legislation	36
Local Health Services	54
Massachusetts Committee on Children and Youth	14
Massachusetts Health Research Institute, Inc.	15
Maternal and Child Health Services	64
Nursing Homes and Related Facilities	49
Nursing Section	60
Nutrition Section	62
Public Health Council	4
Research, Development, and Professional Training	18
Resolves of 1965-1966	29
Regulations Promulgated by Department	20
Sanatoria and Tuberculosis Control	73
Sanitary Engineering	52
Tuberculosis Control	73
Venereal Diseases	44

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

June 30, 1966

Commissioner of Public Health, Alfred L. Frechette, M.D., M.P.H.

PUBLIC HEALTH COUNCIL

Alfred L. Frechette, M.D., M.P.H., Chairman

Francis B. Carroll, M.D.	1964-1967	John H. Knowles, M.D.	1964-1970
Bernard B. Berger, M.S.	1966-1968	Samuel Kovner	1960-1971
Ralph E. Sirianni	1963-1969	John P. Rattigan, M.D.	1966-1972

Moira E. Nixon, Secretary

BUREAU OF ADMINISTRATION

Division of Administration	Harry W. Attwood, Director
Division of Health Education	Marie F. Gately, M.Ed., M.P.H., Director
Division of Public Health Research, Development, and Professional Training	F. Randolph Philbrook, M.D., M.P.H., Director

BUREAU OF HEALTH SERVICES

Leon Sternfeld, M.D., M.P.H., Bureau Chief

Division of Local Health Services	Leon Sternfeld, M.D., M.P.H., Director and Deputy Commissioner
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District Health Offices

Southeastern District
Lakeville Hospital
Lakeville

William M. Groton, M.D.,
District Health Officer

Northeastern District
Tewksbury Hospital
Tewksbury

Frederick A. Dunham, M.D., M.P.H.,
District Health Officer

Central District
Rutland Hospital
Rutland

Gilbert D. Joly, B.S.,
Acting District Health Officer

Western Region
University of Massachusetts
Amherst

Jerome S. Peterson, M.D.,
Regional Health Officer

and
246 North Street, Pittsfield

Division of Maternal and Child
Health Services

M. Grace Hussey, M.D., M.P.H., Director

Regional Health Director

Benjamin Sachs, M.D., M.P.H.

BUREAU OF HOSPITAL FACILITIES

A. Daniel Rubenstein, M.D., M.P.H., Bureau Chief

Division of Hospital Facilities

A. Daniel Rubenstein, M.D., M.P.H.,
Director and Deputy Commissioner

BUREAU OF CHRONIC DISEASE CONTROL

Division of Adult Health

Myer Herman, M.D., D.P.H., Director

Division of Alcoholism

Edward Blacker, Ph.D.,
Director of Alcoholism Program

Division of Communicable Diseases

Nicholas J. Fiumara, M.D., M.P.H., Director

Division of Dental Health

William D. Wellock, D.M.D., M.P.H., Director

BUREAU OF CONSUMER PRODUCTS PROTECTION

George A. Michael, B.S., Bureau Chief

Division of Food and Drugs

George A. Michael, B.S.,
Director and Deputy Commissioner

BUREAU OF ENVIRONMENTAL SANITATION

Worthen H. Taylor, B.S., Bureau Chief

Division of Sanitary Engineering

Worthen H. Taylor, B.S., Director

BUREAU OF TUBERCULOSIS CONTROL

William P. McHugh, M.D., M.P.H., Bureau Chief

Division of Sanatoria and Tuberculosis
Control

William P. McHugh, M.D., M.P.H., Director

Institutions

Lakeville Hospital

George L. Parker, M.D.

Superintendent

Lemuel Shattuck Hospital

Harry T. Phillips, M.D.

Superintendent

Massachusetts Hospital School

John J. Carroll, M.D.

Superintendent

Pondville Hospital

Claire W. Twinam, M.D.

Superintendent

Rutland Heights Hospital

Endre K. Brunner, M.D.

Superintendent

Tewksbury Hospital

Thomas J. Saunders

Superintendent

Western Massachusetts Hospital

Roland R. Cartier, M.D.

Superintendent

BUREAU OF INSTITUTE OF LABORATORIES
Geoffrey Edsall, M.D., Superintendent

Division of Biologic Laboratories	James A. McComb, D.V.M., Director
Division of Diagnostic Laboratories	Robert A. MacCready, M.D., Director

ANNUAL REPORT OF PUBLIC HEALTH COUNCIL

Alfred L. Frechette, M.D., M.P.H., Chairman

Submitted herewith is the annual report of the Public Health Council for the fiscal year ending June 30, 1966.

Meetings

Regular monthly meetings were held in accordance with General Laws, Chapter 17, Section 3. In compliance with General Laws, Chapter 30A, Section 11A, notices of all regular and special meetings of the Council were filed with the Executive Office for Administration and Finance and with the Secretary of State.

Subcommittees of the Public Health Council met when necessary during the year. The Committee on Hospital Problems, chaired by Dr. Johnson, made two visits to Tewksbury Hospital and one visit to Western Massachusetts Hospital in Westfield. The Committee on Environmental Sanitation, chaired by Professor Fair, met once during the year.

In addition, Dr. Johnson chaired a Survey of Medical Services at Walpole State Prison. The report of this Committee was presented to the Governor in January 1966.

General Duties

The regular duties imposed upon the Council by General Laws, Chapter 111, Section 3, and other statutes have been carried out. These include the approval and licensing of hospitals, blood banks, convalescent and nursing homes, rest homes, public medical institutions, city and town infirmaries, dispensaries and dental clinics, day care centers, and medical schools and laboratories desiring to obtain impounded animals for scientific investigation, experiment or instruction. These approvals are based upon reports of inspections by members of the Department who ascertain if the facilities comply with the Department's standards for licensure.

Other duties included the certification of laboratories which have taken part in the annual evaluation and have demonstrated their ability to perform satisfactorily certain tests; approval of personnel in the Department, including sanatoria; approval of professional personnel at county and municipal sanatoria which contract with the Department for the care of tuberculosis patients; approval of food regulations and air pollution control regulations of local communities; advice to communities and official agencies relative to sanitary problems of water supply, sewage disposal and nuisances.

Contracts between the Medical Milk Commission of Boston and H. P. Hood and Sons, Inc. of Boston, and between the Medical Milk Commission and Vitamilk-Nashoba, Inc. of Harvard, for the production of certified milk were approved.

Agreements were approved and signed between the Commonwealth, through the Department of Public Health, and the following:

Newton Visiting Nurse Association relative to provision of financial assistance for a special public health nursing project concerning follow-up care of prematurely born infants (this was an amendment to agreement approved previously);
Boston University, Department of Psychiatry, relative to a Diagnostic, Evaluation, Referral and Program Development Center for Alcoholics and Unattached Persons in the South End of Boston;
Tufts University School of Dental Medicine relative to Dental Clinic Administration;
Springfield Health Department relative to Springfield Rheumatic Fever Program;
National League for Nursing relative to survey of public health nursing services in Lowell;
GCA Corporation of Bedford relative to preparation of computer programs for reduction of data obtained in the Metropolitan Air Pollution Control District Survey;
Medical Foundation, Inc. of Boston, relative to program of continuing education for practicing dentists in Massachusetts;
Abt Associates, Inc. of Cambridge, relative to provision of programming for the application of computer usage to obtain the annual reports of Vital Statistics;
Boston Department of Health and Hospitals relative to establishing and maintaining a speech, hearing and language center at the Boston City Hospital;
Medical Foundation, Inc. of Boston, relative to provision of funds for completion of a study in the Greater Brockton Area leading to establishment of a Multi-Service Human Assistance Center.

New contracts for the care and treatment of persons with tuberculosis were approved and signed by the Department of Public Health and Boston Sanatorium, Middlesex County Sanatorium, Norfolk County Hospital, and Worcester County Sanatorium.

In accordance with legislation adopted by the General Court in January 1966, the Department, designated by the Governor to administer Title XVIII of the Social Security Amendments of 1965, entered into agreements with the Social Security Administration for purposes of implementing the legislation.

Special Matters

As a further step by the Department in the development of an expanded chronic disease program, the Public Health Council, in March 1966, considered and approved the establishment of a Division of Nursing Homes and Related Facilities. The new Division, formerly a section of the Division of Adult Health, will remain a part of the Bureau of Chronic Disease Control and be under the direction of Dr. Samuel Levey. Also, concerning the Bureau of Chronic Disease Control, in May 1966 the Public Health Council approved the appointment of Dr. Myer Herman as Director of the Division of Adult Health. This position had been vacant for eight months following the resignation of the previous incumbent.

At the close of fiscal year 1965 the Federal government had notified the Department of Public Health that it would be closing its Veterans Administration Hospital at Rutland Heights. The Department informed the

Veterans Administration in Washington and the State Administration of its interest in acquiring this facility in view of the fact that Rutland Hospital was to be replaced in the near future. In August 1965 the Governor signed legislation authorizing the Department to accept for the Commonwealth the hospital at Rutland Heights and on November 1, 1965 the transfer of patients from Rutland Hospital to Rutland Heights Hospital was accomplished. In view of the fact that the Superintendent of Rutland Hospital was due to retire early in 1966 after thirty-eight years of service, the Public Health Council, in September 1965, approved the appointment of Dr. Endre K. Brunner as Superintendent of Rutland Heights Hospital. The operation at Rutland Heights Hospital is expanding and the Public Health Council has met with staff of the Department of Mental Health to consider utilization of part of the Hospital complex by that Department for the training of educable mentally retarded adolescents.

Also, in connection with the operation of the Department's hospital facilities, the Public Health Council approved construction at Western Massachusetts Hospital to provide for expanded chronic and cancer services. Several visits were made to Tewksbury Hospital and consideration has been given to the possibility of affiliation with a medical school in order to utilize the abundance of clinical material available at the Hospital and to supply long-range benefits to the patients.

During fiscal year 1966 a great deal of time was spent by the Public Health Council in conducting public hearings. Although the necessity of these hearings is understood, consideration has been given to streamlining the procedure in order to bring about a more efficient and less time-consuming operation.* It is hoped in this way to allow more time for the Public Health Council to consider and act on other matters of importance to the operation of the Department and on policy questions.

Public Hearings

Twenty-one public hearings were held by the Public Health Council during the year. Fourteen of these hearings concerned nursing or rest home licensure and two hospital licensure. Three hearings were held on appeals of a nursing home, a rest home and a hospital from action by the local authority. The remaining two hearings concerned environmental health -- air pollution and fluoridation of individual water supplies.

Under authority of General Laws, Chapter 111, Section 3, the Director of the Division of Sanitary Engineering conducted hearings relative to landtaking for water supply protection, for sewage disposal purposes,

* Passage of legislation presently before the General Court would provide the Department with a hearings officer and would help to alleviate this problem.

and for operation of refuse disposal areas. Under similar authority the Director of Food and Drugs held hearings relative to adoption of Rules and Regulations governing Transparent and Semi-transparent Wrappers and Coverings, establishment of a Standard of Identity for Baked Beans, amendment of Rules and Regulations Pertaining to Standards of Identity for Uncarbonated Fruit Beverages, Ingredients and Imitations Thereof and Standards for Orange Juice Drink and Reconstituted Orange Juice Drink, and adoption of Rules and Regulations relative to Fish and Fish Products. The Director of Hospital Facilities held a hearing relative to amendment of the Rules and Regulations for the Licensing of Dispensaries and Clinics; and the Director of Adult Health held a hearing relative to revisions to the Rules and Regulations for the Licensing of Convalescent or Nursing Homes. Hearings pertaining to the licensing of medical care facilities were held by the Divisions of Hospital Facilities and Adult Health (and Nursing Homes and Related Facilities following its establishment in March 1966).

The information presented at hearings held by Division Directors was submitted to subsequent meetings of the Council for action.

Regulations

Following public hearings held in accordance with the State Administrative Procedure Act, new regulations were adopted and existing regulations amended as follows:

Rules and Regulations for the Licensing of Convalescent or Nursing Homes	Revised
---	---------

Rules and Regulations Governing Transparent and Semi-transparent Wrappers and Coverings

Standard of Identity for Baked Beans, etc.

Rules and Regulations for the Licensing of Dispensaries and Clinics	Amended
--	---------

Rules and Regulations Pertaining to Standards of Identity for Uncarbonated Fruit Beverages, Ingredients and Imitations Thereof and Standards for Orange Juice Drink and Reconstituted Orange Juice Drink	Amended
--	---------

Rules and Regulations Relative to Fish and Fish Products

Hospital Survey and Construction

Approval was given to applications from the following medical care facilities for financial assistance from Federal funds allotted to the Commonwealth under the Hospital and Medical Facilities Survey and Construction Act. In some instances these represent additional grants given because of increased cost of construction as evidenced by bids received or because it was found on further investigation that the facility was eligible for additional funds as a percentage of its construction costs:

*Massachusetts General Hospital, Boston	\$ 55,600.
Jewish Memorial Hospital, Roxbury	279,680.
Morton Hospital, Taunton	15,733.

* Increased to \$66,948.80.

The grant to Massachusetts General Hospital represents a substitute project submitted for an Acute Psychiatric and Alcoholic Rehabilitation Service. The difference between the amount noted above and the amount allocated for the original project in December 1964 was refunded by the Massachusetts General Hospital and re-allocated.

Personnel

On June 14, 1966 two appointments were made to the Public Health Council. Dr. John P. Rattigan, General Director of St. Elizabeth's Hospital, Brighton, was appointed to fill the expired term of Dr. Johnson. Professor Bernard B. Berger of the University of Massachusetts, Water Resources Research Center, was appointed to fill the unexpired term of Professor Gordon M. Fair, who had resigned effective March 1, 1966. Therefore, the membership of the Public Health Council on June 30, 1966 was as follows:

Alfred L. Frechette, M.D., M.P.H., Chairman	
Francis B. Carroll, M.D., M.P.H.	1964-1967
Bernard B. Berger, B.S., M.S.	1966-1968
Ralph E. Sirianni	1963-1969
John H. Knowles, M.D.	1964-1970
Samuel Kovner	1965-1971
John P. Rattigan, M.D.	1966-1972

Acceptance of Report

At a meeting of the Department on November 8, 1966, the Commissioner presented to the Council a report of the Department of Public Health for fiscal year 1966, and it was voted that the report, together with the foregoing brief summary of the activities of the Public Health Council, be approved and adopted as the report of the Department of Public Health for the fiscal year 1966.

FIFTY-SECOND ANNUAL REPORT OF THE COMMISSIONER OF PUBLIC HEALTH

To the Public Health Council:

Gentlemen:

I have the honor to submit the fifty-second annual report of the Department of Public Health for the fiscal year ending June 30, 1966.

BUREAU OF ADMINISTRATION

The Commissioner, in addition to being the executive and administrative head of the Department, maintains continuing liaison with the Executive Department, the Legislature, the voluntary health agencies and local community health agencies. Regular monthly conferences were held with the Division Directors in order to keep fully informed of the various activities being carried on throughout the Department and to assist in formulating Department policies and programs. In the establishment of policy and in making formal and legal decisions of the Department, the Commissioner and the Public Health Council acted jointly.

The second closed-circuit television system in the Department's hospitals was dedicated on November 17, 1965 at Lakeville Hospital. The first system was officially opened at the Massachusetts Hospital School in April 1965. Former Governor Foster Furcolo, under whose administration legislation was enacted for construction of the new Lakeville Hospital, was the main speaker at the dedication ceremony. The Lakeville system consists of two closed-circuit channels but is designed to receive five additional channels emanating from outside educational and commercial sources.

On March 1, 1966, President Johnson signed H. J. Resolution 403 to permit the Department of State to invite the World Health Organization to hold its twenty-second World Health Assembly in Boston in 1969. The invitation has since been accepted by the World Health Organization and a committee has been set up by the Department to work with local authorities and officials of WHO and the State Department in preparing for the event. The Assembly, which will be held in conjunction with the Department's 100th Anniversary, will bring approximately one thousand delegates from all over the world to Boston and should do much to make the Department's Centennial Celebration a momentous occasion.

The Commissioner's Administrative Assistant gave much time and effort to the above matter. She prepared material for and met on numerous occasions with Congressional delegations. She also worked closely with the Executive and Legislative Departments of the Commonwealth on matters such as: drafting of proposed legislation, Department Coordinator and Expediter for the Governor's Management Survey Team, Department Coordinator to the Governor's Savings Bond Drive Committee, and Department Representative to the Governor's Economy Committee.

Title XVIII. On September 1, 1965 the Governor designated the Department as the single State agency to administer Title XVIII of P.L. 89-97 -- the so-called Medicare law. As the designated agency, the Department has the responsibility for certifying the providers of services to beneficiaries as qualified according to the Federal standards. A contract was signed on December 13, 1965 with the Social Security Administration whereby funds were provided to support the personnel necessary to fulfill this responsibility. The work was integrated into the work of the various divisions so as to minimize duplication of effort. The actual operation of the program is described in the reports of these divisions.

Title XIX. On January 31, 1966, in Executive Order #49, the Governor designated the Department of Public Welfare as the agency to administer Title XIX of the Social Security law, and concurrently gave the Department of Public Health certain responsibilities under this Act. The Department has responsibility for establishing and maintaining standards in institutions used for the care of patients; for setting standards for purchased services, including the content of such services; for establishing requirements for the use of consultant services and the bases of payment for services; and to plan for the development of the facilities and services required to assure the availability and accessibility of high quality medical care for all those entitled thereto. Also, to assist the providers of service in strengthening their resources for preventive, diagnostic, and rehabilitative care or treatment.

Title XIX of P.L. 89-97 provides for an agreement between the Departments of Public Welfare and Public Health, defining the functions of the two departments under this legislation. The Governor's Executive Order laid the basis for such an agreement. As the administering agency the Department of Public Welfare has the responsibility of formulating a Plan for approval by the Federal Welfare Administration of which the agreement is a part. As of the end of this fiscal year the agreement was in process of being drafted and the Plan had not been submitted for approval.

The Assistant to the Commissioner (Radiological Health) has assured for active programs being carried out in the medical, dental, environmental, and milk and food fields of radiological health. These activities are reported in detail in reports by the Divisions of Dental Health, Food and Drugs, Hospital Facilities, and Sanitary Engineering. The Assistant was responsible for coordination of the Radiological Health Services in the Departments of Health of the six New England States in the development of a New England Compact on Radiological Health which was subsequently approved by the New England Governors Conference. Also, as a result of the efforts of the Assistant to the Commissioner (Radiological Health), a contract was entered into with the United States Public Health Service to study the use of Polaroid film in evaluating probable scatter radiation exposures from the use of x-ray and in support of a laboratory for evaluating such exposures.

Boards and Commissions

Under various statutes the Commissioner of Public Health is ex

officio a member of various boards and commissions, including the Health and Welfare Commission, Commission on Aging, Rehabilitation Commission, Milk Regulation Board, Water Resources Commission, New England Interstate Water Pollution Control Commission, Advisory Council on Hospital Surveys and Construction Planning, Approving Authority for Colleges and Medical Schools, Approving Authority for Schools for the Training of Medical Laboratory Technicians, Approving Authority for Schools for Training of X-ray Technicians, Urban and Industrial Renewal Advisory Council, Weather Amendment Board, Pesticide Board, Merrimack River Valley Pollution Abatement Study Commission, Board Regulating Installation of Gas Piping and Gas Appliances in Buildings, Board of Trustees of the University of Massachusetts, Board of Rate Setting for Convalescent or Nursing Homes and Rest Homes, and Special Legislative Commission to Study the Status of Women in Employment.

The Commissioner personally attended as many meetings as possible and designated appropriate staff members to attend others, so that the Department was represented at all meetings of these boards and commissions.

Medical Panels

General Laws, Chapter 32, Section 6, authorizes the Commissioner of Public Health to appoint chairmen of medical panels to review applications from and examine State and municipal employees applying for disability retirement. The chairman of each panel, insofar as is possible, must be a physician skilled in the particular branch of medicine or surgery upon which the application for disability retirement is based. The other two members of the panel are selected by the applicant and the local retirement authority.

New applications for disability retirement during fiscal year 1966 numbered 619. Because of inability of one or more panel members to fulfill their obligation, 90 of these applications had to be processed twice, 15 were processed three times, five were processed four times, two were processed five times, one was processed six times, and one was processed a total of seven times before a medical panel was obtained.

Under General Laws, Chapter 32, Section 89, widows of firefighters, police officers and certain other employees whose work involves considerable risk may apply to an annuity. In such cases the Department designates the third member of a board appointed to determine whether or not the death of said employee was the result of an injury received in the performance of his duty. Annually about fifty such applications are received and processed.

Rating Board

The State Police Retirement Board, under General Laws, Chapter 32, Section 26, interviewed four officers who had applied for retirement because of injury received in line of duty. After examination of the applicants and review of their records, the Board recommended approval of all applications. One of the applications had been considered and tabled in January 1965. After reconsideration it was approved.

Health Statistics

Chapter 508 of the Acts of 1964 transferred the tabulation and analysis of vital statistics from the Secretary of State's office to the Department, in the Section of Health Statistics.

Plans to have data for the 1964 annual vital statistics report (Public Document #1) tabulated at the Division of Adult Health were abandoned because of the increased work load in the machine unit of that Division. This complication, coupled with the fact that 1965 data was fast accumulating, prompted an investigation into the feasibility and practicability of applying computer processing techniques to the annual production of Public Document #1.

A contract for the design, development and demonstration of a computer-based system for preparing reports on the vital statistics has been awarded to Abt Associates, Inc. of Cambridge. Arrangements have also been made to utilize the state-owned GE 415 computer located at the Registry of Motor Vehicles. These significant accomplishments in systems design, programming and conversion, will make the 1964 and 1965 reports available for distribution early in 1967 and will also permit publication of future reports at the close of each calendar year.

Unfortunately, budget requests for fiscal year 1966 for this new operation were denied and thus the functions of this unit are still limited to handling basic data. Funds for additional personnel and equipment have again been requested in the budget for fiscal year 1967, with the hope that this office may play a vital role in providing current, accurate data for health planning and research.

Drug Addiction Rehabilitation Board

The Board was created by statute to establish a program for the treatment and rehabilitation of drug addicts, to coordinate the services and activities of agencies of the Commonwealth and its political subdivisions in the treatment and rehabilitation of drug addicts, and to cooperate with agencies of the Federal Government in developing and coordinating such programs.

The appointment of John D. Coughlan, Director of the Division of Youth Service, to the Board has enlarged the representation of department heads most intimately concerned with the panoramic problem of drug addiction and abuse. It also serves to develop a closer working relationship between the Board and the aforementioned departments. During June the administrative office was moved from 8 Beacon Street to 80 Boylston Street in order to have office space for additional staff. The research section, under Dr. Victor Gelineau, was enlarged as of January 1 by the addition of a supervisor of research and a research assistant. The treatment unit located at Boston State Hospital, directed by Dr. David Myerson, continued development of its services and is currently in the process of expanding in-patient facilities with an enlarged bed capacity. Plans for an out-patient clinic to be conducted by the Department of Health and Hospitals,

City of Boston, were also developed and implemented in the closing weeks of June. This unit will be conducted by the Board of Health and Hospitals under a reimbursement agreement with the Board. It will be administratively responsible to Dr. Leon J. Taubenhau, Deputy Commissioner of Community Health Services, Department of Health and Hospitals, and under the professional direction of Dr. Philip Solomon, Chief Psychiatrist, also the Department of Health and Hospitals.

The Board's educational program has been aimed primarily at the teen-ager and young adult population, attempting to make them aware of the full range of harmful effects, physical and psychological, that the use of narcotics, barbiturates, amphetamines, and hallucinogens can produce.

The Board received requests for copies of its first annual report from all over the nation, particularly from colleges and universities, research bodies, mental health and public health groups, and other colleagues in the treatment and rehabilitation field. Requests for additional educational material from the Board has been received from many high schools around the Commonwealth, civic groups, church groups, and even from industrial nurses working in large plants and companies. Requests to conduct training courses also have been received from organizations who work in the field of drug addiction and abuse.

A survey of the prevalence of drug addiction and abuse in the Commonwealth has produced some preliminary findings which are fully discussed in a special report released in May.

In summary, the results show that the problems of drug addiction and abuse are widespread throughout the State, that no one group, occupational category, or educational level has a monopoly on the problem, and that not enough receive any sort of treatment. It is also evident that many children will be growing up under a considerable disadvantage since they have parents with a problem of drug addiction or abuse.

At the treatment unit at Boston State Hospital, considerable effort has been expended to develop comprehensive and clear recording forms for the collection of data that is both clinically useful and suitable for analysis by standard research techniques. The principal findings to date include demographic information on the patient's background, such as age, sex, race, and psychological data including test results and evaluations of treatment results on different dimensions. The Board has ruled that the treatment unit retain its original purpose, developing new methods of handling the problem of drug addiction, and that, in order to do this, it should not expand the case load above the number it is already treating. However, it is apparent that additional facilities will be needed to attack this problem at all levels.

A proposal to establish treatment units at Bridgewater and Framingham have been discussed with Commissioner John A. Gavin of the Department of Correction. It is the consensus that Bridgewater State Hospital and Womens' Reformatory at Framingham, by virtue of their treatment-oriented hospital affiliation and experience with addicts, are the best available sites for new drug addiction units. It is recommended that the treatment

staff of the proposed units be housed at Bridgewater, but commute to Women's Reformatory at Framingham to provide this institution with services as needed. It is also recognized that the professional staff of the proposed treatment unit could provide consultant services to other institutions within the Correction Department. Requests for personnel to staff this unit were included in the 1967 Supplementary Budget.

An out-patient clinic is to be established at the Public Health Unit, 20 Whittier Street, Roxbury for the provision of services to persons having a problem of drug dependence. The purposes of the clinic are (1) to provide the public with accurate information on narcotic and drug abuse; (2) to determine the role of an out-patient clinic in the field of drug addiction treatment and rehabilitation; (3) to offer the addict an opportunity to secure treatment services voluntarily at an early stage of his illness; (4) to evaluate the role and rehabilitative potential of such a clinic when geographically located in an urban area with a high incidence of drug addiction; and (5) to observe and analyze the inter-functional relationship of the clinic within the integrated treatment and rehabilitative structure of the total Drug Addiction Rehabilitation Board Program.

Massachusetts Committee on Children and Youth

The Committee is charged with furthering the interests of children, youth, and their families. Its program is conducted along three major lines, fact gathering, planning and action.

Reports and recommendations have been completed on the maternal and child health problem and services in Berkshire County and in the City of Somerville. A study of child welfare needs and services in Metropolitan Boston has been completed and recommendations drafted. A study of the nature and extent of the Head Start Program in the summer of 1965 has been completed, and the data forwarded to the national officials of Head Start in the Office of Economic Opportunity in Washington which financed the research. The study of Day Care throughout the State, financed by the State Department of Public Welfare, has been completed. Separate reports on each of seven areas, Fall River, Central Berkshire, Somerville, Worcester, Springfield, Chicopee, and Nashoba Valley, have been published and distributed. A summary report is about to go to press.

At the request of the Springfield Community Council and the Department of Planning, a report was prepared proposing lines of action for the Springfield community to take in developing its social and human resources as work progresses on physical urban renewal. Financed by the U. S. Children's Bureau, a study on the utilization of community services was completed. It involved interviewing 478 families, to find out the kinds of health and welfare problems they and their children may have had and how the families met them. In cooperation with the United Community Services of Metropolitan Boston, the Committee sponsored a study of the whole public welfare system in the Commonwealth, on both State and local levels. This study cost \$165,000, financed principally by foundation grants, and was conducted under contract by the National Study Service, a research organization in New York.

A project has been designed for supplying health services to children in low income families in Somerville in accordance with specifications of the U.S. Children's Bureau for projects in this field. It was financed as part of the Local Area Project. Based on data assembled in 1964-65, a report has been prepared analyzing the social welfare needs of the Central Berkshire area and recommending lines of action by local and State services, both public and private. It is currently being used in the design of the Community Service Center recommended by the study of the public welfare system as an example of how such centers should be set up.

The Committee on Day Care has continued to serve as the setting in which representatives of State departments, colleges, and universities, professional associations, day care agencies and other interests consider jointly the problems in the field and work out common lines of action. Negotiations have begun to arrange for a study of the Division of Youth Services. With the cooperation of the Division and at the formal request of his Excellency, Governor John A. Volpe, the U. S. Children's Bureau has completed a thorough study of the Division and its operations, with the Committee continuing to provide liaison among the interested parties.

A vigorous fight was carried on in Somerville to help the Mayor get an appropriation of \$50,000 to establish a health department with a full-time health commissioner. The budget item was not approved, and other approaches for obtaining approval are being sought.

Following the publication of the Report of the National Study Service in January, a draft of a bill was prepared, designed to implement many of the major recommendations of the study. The bill has been referred for study by the Committees on Public Welfare and State Administration.

The Committee helped to defeat House Bill #3523, filed by Representative Shea of Quincy, which would have negated last year's successful battle for enactment of House Bill #3652 (App. B), which made it possible to demand educational standards for Federally-aided public service positions. Specific recommendations were prepared for amendments to the Mental Health legislation and were presented to the Public Welfare Committee of the General Court.

Massachusetts Health Research Institute, Inc.

The Massachusetts Health Research Institute, incorporated on May 21, 1959, was organized in part to conduct studies, research, and demonstrations in the various fields of public health and medicine in keeping with the purposes and policies of the Department of Public Health and local health agencies engaged in health research within the Commonwealth. During the period July 1, 1965 to June 30, 1966 the Institute accepted 26 grants and seven contracts for a total funding of \$879,886. as compared to 24 grants and six contracts totalling \$503,217. for the period July 1, 1964 to June 30, 1965, and 18 grants and seven contracts totalling \$460,375. for the period July 1, 1963 to June 30, 1964. A

total of 10 grants and two contracts totalling \$343,618. was completed during the period July 1, 1965 to June 30, 1966.

During the past year a new pesticide study was started in which all insecticides used throughout the Commonwealth will be studied. A new contract entitled "Regional Training Program for Improving the Quality and Continuity of Long Term Care in New England" was accepted. Under this contract various training courses are required. During the past year three training courses have been given for participants from all over New England. Attendance at the training courses has been from 25 to 145 participants. During the past year the Federal support for the Encephalitis Field Station was terminated due to curtailment of funds for the supporting agency. The Commonwealth will assume the support for this important activity. A process for the removal of color from ground water has been developed and at the present time attempts are being made to lower treatment costs. This will assist cities such as Gloucester which has a problem at one of its main reservoirs.

Division of Health Education

The Division of Health Education is a service unit providing technical assistance and consultation to the various Departmental units and to other official and voluntary health agencies in the areas of professional health education, public relations and materials production. It deals with all aspects of the educational process ranging from the provision of accurate information to the complexities of motivation for individual concern and action for personal and community health.

The only professional health educator assigned to the central office was on detached service to the Governor's office throughout the year. The Director's activities included planning the health education components of programs with various Divisions, orientation of new employees and students, and participation on planning committees for other health agencies, in addition to administrative functions.

The health educators assigned to the Southeast and Central districts functioned in many program areas, including licensing of Day Care agencies, migrant health, closed-circuit television utilization, smoking programs, vaccination assistance and in-service training for local health workers. Addition of a trained health educator to the staff of the Western regional office permits coverage of an important program component.

The vaccination program provided assistance to communities in the entire central and eastern portions of the State. In addition to emphasis on diphtheria and tetanus immunization, effort was made to encourage immunization against measles. The infant maintenance program included trial of several approaches which will be evaluated as the program progresses.

A full-time health educator was added to the migrant health project since prior experience showed that the majority of program activities were of a health education nature. Programming, production of materials in Spanish and English and staff training have been key functions.

Exploration of possible health education staff functions within certain of the Department hospitals resulted in preliminary discussions for the assignment of a health educator by the Public Health Service. This will permit demonstration of health education techniques for patient, family and staff involvement in the rehabilitation program.

Closed-circuit television facilities were dedicated at the Lakeville Hospital. Since plans call for the eventual availability of such facilities in all Department buildings and the linking of the offices and institutions to a central broadcasting unit, interested staff members of the Division were involved in in-service training to explore ways to make effective use of this valuable educational tool. Three staff members took courses at the Boston University School of Communications.

The 100th anniversary observance in 1969 will be marked by the assembly of the World Health Organization being held in Boston during July. The very considerable effort required to have the invitation issued by the State Department and to expedite review of facilities was a cooperative project of many people within and without the Department. Since WHO has met outside Geneva only six times, and in the United States only once before, in Minneapolis in 1958, the holding of the assembly in Boston will focus national and international attention on the centennial.

Health, both personal and community, is a topic of prime interest to the general public. The broad scope of Department activities and the addition of new programs, such as Medicare, provide a continual source of timely news and material for dissemination through the various mass media. Since public health depends on public response and support, the need for a sound, well-rounded public information program is obvious. During the year the unit initiated 23 radio shows, 50 television programs, and 170 newspaper features and releases. Over 4000 newsclips were tallied from daily papers. In addition, a monthly release was sent to all weekly papers published in the State. This column, under the title "Your State of Health" discusses in depth a topic of timely importance.

The Department's bulletin, This Week in Public Health, was issued 52 times to its mailing list of professional workers. This modest magazine is a very popular publication since, in brief form, it enables the reader to keep abreast of current happenings on the Federal, State and local levels. It is a splendid means of communication and the present list of 2700 readers ranges from Department staff to private physicians and school superintendents.

The library continues to provide valuable service to the staff of the Department. Professional journals are circulated as requested and materials are obtained by inter-library loan when required. Addition of textbooks is limited because of the high costs of professional publications, but every effort is made to obtain the most commonly used standard texts. Through acquisition of publishers' copies and publication of reviews in This Week, a substantial number of books is added annually.

An entirely new system of traffic control for materials production was introduced at the beginning of the fiscal year. It is now possible

to know the exact volume of work performed for each unit. During the year 1173 items were produced requiring 5,428,180 impressions, more than double the production tabulated for the prior fiscal period. Since no additional personnel have been employed, this stepped-up production reflects the greater efficiency achieved by the addition of certain needed items of equipment and by improved work methods.

Another review of work procedures is being started to assess present practices, particularly those involving the job order forms. A training seminar for clerical and other staff involved in processing the orders is being planned. When these two phases are completed, it is anticipated that materials production will present few problems.

The art unit provided service for 263 requests covering design and format for leaflets and posters. Sixteen exhibits were set up and fourteen new exhibits designed and constructed. Two one-day workshops and two two-day workshops were conducted, training public health staff in the use and production of visual aids.

The film library distributed films for 1372 showings having a total attendance of 114,308. Films dealing with maternal and child care, alcoholism, and first aid accounted for 817 of the requests, which came mainly from schools, particularly nursing schools. This library is the only one in the State having a free-loan policy.

Since this Division provides services to other Departmental units, future plans must be somewhat dependent on the needs and demands of the various categorical programs. The past several years have seen an in-depth scrutiny of methods, with subsequent alteration of procedures, resulting in greatly improved service in several areas.

The closed-circuit television facilities which will be incorporated in the new office building will greatly affect the Division and will place heavy demands on many of the technical services offered. Until the system is an actuality, it will be necessary to anticipate its needs in order to train existing personnel to take on the added responsibilities of a new kind of educational communications.

Division of Public Health Research, Development, and Professional Training

The purposes of this Division are to stimulate, initiate, and promote research endeavor within the Department of Public Health and to develop training programs for continuing education of key personnel. This involves consultant assistance to the various divisions in coordinating research activity, appraisal of programming and proposed research, and determination of funding sources for In-Service Training programs, short courses, and accredited schooling. Continuing education of medical, paramedical, and public health disciplines is also a concern. Another purpose is to initiate and coordinate developmental projects of a Departmental nature and also of a state-wide nature in conjunction with representatives of other state agencies such as the Departments of Mental Health, Education, Welfare, and Correction.

The Residency Training Program for physicians in Public Health, including orientation and rotational placement within the Department, was continued and expanded. Plans were developed in cooperation with the Dental Division and the Harvard Dental School to establish a Residency Program for Public Health dentists. Information regarding potential sources of research grant monies and assistance in the development and writing of research grant requests were acquired and disseminated.

Planning, development, and procurement of consultant personnel for closed-circuit television installation, reception, and broadcasting facilities as groundwork for an interconnecting system within the Department of Public Health, and with the Department of Mental Health and the Department of Education was a major concern.

A proposal for a computer complex for the State was developed, along with the planning for training of personnel for the use of electronic data processing.

Supervision and administration of survey aspects of the Vaccination Assistance Project included the development and modification of survey methodology, training of local volunteers, preparation of findings for electronic data processing, compilation and reporting of findings in published form, and interpretation of findings to local health departments and other personnel associated with the project.

A 16-week course was given to nursing personnel and other professionals in this Department on writing skills and techniques.

Cooperation in development of a research design has been accomplished to provide a state-wide engineering survey required to determine appropriate areas for interconnecting a closed-circuit television network within the Commonwealth. A research design has been submitted for the purpose of evaluating the influence of the installation of a closed-circuit educational television system in the Massachusetts Hospital School for Crippled Children.

Present programming will be expanded in training aspects with more intensive emphasis upon development of In-Service Training within the Department. Research grant requests will be developed to evaluate the "teaching effects" of the installation of closed-circuit television at the Massachusetts Hospital School for Crippled Children in Canton. There should be a state-wide survey to determine locations at State institutions for 2500 megacycle transmitters for state-wide HEW closed-circuit television. Personnel should be trained in the field of electronic data processing to meet the manifest needs of the Department. Evaluation and training efforts of the Vaccination Assistance Project should continue, including base-line measurements of selected Massachusetts communities, in anticipation of re-evaluation studies following intensive immunization programming.

Regulations

The following rules and regulations have been promulgated by the Department and are still in effect:

Distribution of biologic products

Adopted 4/9/35; amended 5/14/40; 1/11/49; 12/15/53

Sale of surplus biologic products

Adopted 4/12/49; amended 4/15/53

Use of blood or other tissues for purposes of transfusion

Adopted 1/10/39; amended 4/10/39; 10/7/41; 11/4/41; 9/14/48; 3/11/52; 6/12/56; 7/10/62; 1/12/65

Cancer clinic and service unit values

Adopted 8/12/26; amended 6/14/27; 3/13/28; 1/5/35; 9/14/43; 10/5/43; 11/1/43; 12/14/43; 4/11/44; 1/14/47; 10/18/55

Diseases dangerous to public health

Adopted 1907; amended 12/15/14; 12/14/15; 2/16/17; 4/3/17; 12/18/17; 10/29/18; 11/18/20; 12/8/21; 9/18/28; 6/11/35; 12/10/35; 11/10/36; 2/14/39; 5/1/41; 5/12/42; 4/14/43; 10/5/43; 12/14/43; 1/11/44; 11/3/48

Diseases declared to be dangerous to the public health and reportable

Adopted 1907; amended 12/15/14; 12/14/15; 2/16/17; 4/3/17; 12/18/17; 10/29/18; 11/18/20; 12/8/21; 9/8/28; 6/11/35; 12/10/35; 11/10/36; 2/14/39; 5/1/41; 5/12/42; 4/14/43; 10/5/43; 12/14/43; 1/11/44; 11/3/48

Isolation and quarantine requirements of diseases declared to be dangerous to public health

Adopted 8/9/38; amended 5/13/41; 1/11/44; 11/3/48; 8/12/52; 8/11/64

Conveyance of bodies dead of diseases dangerous to public health

Adopted 7/12/38; amended 8/9/38; 2/14/39

Funerals of persons dead of any disease dangerous to public health

Adopted 8/9/38; amended 5/13/41; 1/11/44

Procurement of impounded animals from animal pounds for purpose of scientific investigation, experiment or instruction, or for the testing of drugs or medicines

Adopted 12/10/57

Treatment of persons exposed to rabies

Adopted 8/10/37; amended 5/13/41

Approval of bacteriological and serological laboratories

Adopted 9/12/39

Manufacture and bottling of carbonated non-alcoholic beverages, soda water, mineral and spring water

Adopted 11/12/35; amended 4/7/36

Uncarbonated fruit beverages

Adopted 5/8/56; amended 3/8/66

Slaughtering and meat inspection

Adopted 7/9/31; amended 12/10/35; 9/14/43

Poultry slaughterhouses

Adopted 9/14/43; amended 8/6/46

Approval of contracts for the production and distribution of certified milk

Adopted 7/14/36; amended 10/14/36

Frozen desserts and ice cream mix

Adopted 9/11/34; amended 5/8/56; 6/9/59; 12/8/59

Bakeries and bakery products

Adopted 2/14/33; amended 1/10/50

Definition of "pasteurized milk"

Adopted 7/8/41; amended 11/4/41; 6/15/50

Establishments for pasteurization of milk

Adopted 2/12/35; amended 6/15/50; 10/20/53; 6/12/56

Addition of vitamins and minerals to milk, nonfat milk, skimmed milk, fortified nonfat milk, and fortified skimmed milk

Adopted 2/13/62

Standards and definitions of purity and quality of food

Adopted 2/9/37; amended 5/8/56; 11/10/64

Dietetic foods

Adopted 5/12/53

Orange juice drink and reconstituted orange juice drink

Adopted 11/10/59; amended 3/8/66

Cacao products

Adopted 8/13/57

Licensing of hospitals and sanatoria

Adopted 4/14/42; amended 2/9/43; 12/14/43; 3/14/50; 1/12/65

Licensing of rest homes

Adopted 11/3/48; amended 12/3/57

Licensing of convalescent and nursing homes

Adopted 11/3/48; amended 12/3/57; 11/8/60; 6/9/64; 8/10/65

Dispensary license

Adopted 1/12/19; amended 5/13/19; 5/10/38; 6/9/64; 12/14/65

For preventing the pollution and securing the sanitary protection of certain waters used as sources of public water supply

Adopted 10/11/60

Cross connections between public water supplies and fire and industrial water supplies

Adopted 2/9/37; amended 5/12/42; 10/9/51

To prevent pollution or contamination of any or all of the lakes, ponds, streams, tidal waters and flats within the Commonwealth or of the tributaries of such tidal waters and flats

Adopted 8/14/45; amended 10/14/45

Supervision of plumbing

Adopted 6/11/35; amended 8/6/40; 1/10/50; 5/8/56

Operation of plants for the purification of shellfish

Adopted 6/5/28; amended 10/7/41

Enrichment of flour, white bread and rolls

Adopted 11/3/48

Establishing grades of milk

Adopted 5/8/35; amended 11/17/48; 6/12/56

Egg nog

Adopted 6/12/56

Flavored milk

Adopted 6/12/56

Fortified nonfat milk, half and half, standardized milk

Adopted 7/10/56

Cottage cheese

Adopted 7/10/56

Mayonnaise, mayonnaise dressing, mayonnaise salad dressing, salad dressing, french dressing

Adopted 7/10/56

Fruit butter, fruit jelly, preserves and jams

Adopted 7/10/56

Sale of rabbits intended for food purposes

Adopted 5/14/29

Manufacture and labelling of articles of bedding and upholstered furniture

Adopted 11/12/35

Cold storage

Adopted 10/10/33

Dental clinic license

Adopted 8/10/43; amended 6/9/64

Police station houses, lock-ups, houses of detention, jails, houses of correction, prisons and reformatories

Adopted 1910; amended 4/8/30; 6/15/48

Standards for tuberculosis hospitals and sanatoria

Adopted 6/14/27; amended 6/5/28; 8/12/32; 1/17/33; 5/10/38; 10/21/48

Subsidy for the hospitalization of the tuberculous
Adopted 5/11/20; amended 6/5/28; 2/14/33; 3/13/34

Minimum requirements for tuberculosis dispensaries are defined by Department of Public Health
Adopted 4/6/15; amended 7/11/16; 11/7/19; 7/14/25; 4/11/33

Active tuberculosis and methods of determining it in certifications made by boards of health and physicians
Adopted 12/11/56

Responsibility of superintendent or director of a tuberculosis hospital
Adopted 5/14/57

Hospitalization of patients with chronic rheumatism
Adopted 5/8/45

Reporting and control of venereal diseases
Adopted 12/18/17; amended 5/12/18; 6/11/18; 3/11/19; 11/12/23; 10/1/25; 10/8/29; 1/14/30; 1/14/36; 8/9/38; 4/11/44; 11/3/48

Treatment of persons suffering from venereal diseases who are unable to pay for private medical care

Adopted 2/14/33; amended 8/10/37; 8/9/38; 9/12/39; 11/6/40; 4/13/48; 11/3/48

Issuance of premarital medical certificates
Adopted 4/11/50

Physical examination of school children
Adopted 3/11/52; amended 8/25/53; 3/9/54; 2/14/56

Plastic bags and plastic film
Adopted 4/12/60

Disposal of containers of poisonous substances
Adopted 4/12/60

Administration and dispensing of harmful drugs
Adopted 2/14/61

Standards of identity and purity for Chlortetracycline to be used in the manufacture of Chlortetracycline Ice
Approved 11/10/59 and 12/8/59

Labelling of receptacles containing Benzol (Benzene), Carbon Tetrachloride and other harmful substances (approved jointly with Department of Labor and Industries)
Adopted 6/12/56

Sanitary Code, Article I, "General Application and Administration"
Adopted 9/15/60

Sanitary Code, Article II, "Minimum Standards of Fitness for Human Habitation"
Adopted 9/15/60; revised 12/12/61

Sanitary Code, Article III, "Housing and Sanitation Standards for Farm Labor Camps"

Adopted 10/11/60

Sanitary Code, Article IV, "Sanitation Standards for Recreational Camps for Children"

Adopted 11/7/61; amended 5/14/63

Sanitary Code, Article XI, "Minimum Requirements for the Disposal of Sanitary Sewage"

Adopted 1/9/62; revised 5/15/62

To prevent pollution or undue contamination of the atmosphere within the Metropolitan Air Pollution Control District

Adopted 7/11/61

To control the radiation hazards of radioactive materials and of machines which emit ionizing radiation

Adopted 2/13/62

Bedding, upholstered furniture and related products

Adopted 5/15/62; amended 9/12/63

Regulations relative to storage and distribution of frozen foods

Promulgated by Director of Food and Drugs, effective 8/1/60; amended 11/10/64

Regulations promulgated by Director of Marine Fisheries

Approved for sanitary requirements 4/13/42; 12/10/57

Regulations promulgated by the Director of Marine Fisheries relative to permits and certificates issued for the sanitary control of the shellfish industry, and relative to the sanitary condition of scallop operations

Approved 7/11/61; 9/19/61

Standards of admission, treatment, transfer and discharge of tuberculosis patients

Adopted 2/12/63

Hospital or sanatorium treatment standards for tuberculosis

Adopted 2/12/63

Sanitary Code, Article VIII, "Minimum Standards for Developed Family Type Camp Grounds"

Adopted 5/14/63

Regulations relative to devices

Adopted 4/9/63

Regulations for day care services for children

Adopted 12/10/63

Regulations relative to the identity, manufacture and sale of frozen dietary dairy desserts

Adopted 1/14/64

Sanitary Code, Article VI, "Minimum Standards for Swimming Pools"

Adopted 4/14/64

Sanitary Code, Article X, "Minimum Sanitation Standards for Food Service Establishments"

Adopted 1/1/65

Regulations relative to fish and fish products

Adopted 4/12/66

Standard of identity for baked beans

Adopted 11/9/65

Regulations governing transparent and semi-transparent wrappers and coverings

Adopted 11/9/65

Legislation

The following legislation of particular interest to public health was passed by the 1965 Legislature and enacted into law:

Acts of 1965 (July 1, 1965 - January 4, 1966)

- 580 - An act relative to the establishment of educational requirements and the use of civil service lists in certain cases.
- 582 - An act authorizing the Commonwealth, the political subdivisions thereof, and water companies to acquire or sell emergency sources of water supply throughout the year nineteen hundred and sixty-five.
- 602 - An act authorizing the Town of Braintree to acquire land in the Town of Randolph for water supply protection.
- 607 - An act extending the time within which an act making certain appropriations for the fiscal year nineteen hundred and sixty-six prior to final action on the general appropriation bill for said year shall be operative.
- 610 - An act authorizing the Office of School Lunch Programs in the Department of Education to establish standards and qualifications for certain food service personnel in public schools and to establish training programs for such personnel.
- 618 - An act relative to the licensing of certain homes providing day care to children.
- 632 - An act governing the procedure for registering dairy farms for the sale of milk within the Commonwealth.
- 634 - An act relative to the payment of benefits under the Employment Security Law to women who are unemployed due to pregnancy.
- 635 - An act providing for the licensing by the Gas Fitting Regulatory Board of limited undiluted petroleum gas installers.
- 642 - An act providing that, for a temporary period, certain payments under the Workmen's Compensation Act in cases of death be credited to and used for the purposes of the general second-injury fund.
- 644 - An act establishing fifty-eight dollars as the maximum weekly benefit for incapacity under the Workmen's Compensation Act.
- 646 - An act making certain appropriations for the fiscal year nineteen hundred and sixty-six prior to final action on the general appropriation bill for said year.
- 648 - An act establishing the Rutland Heights Hospital for the care and treatment of patients suffering from chronic and other diseases.
- 655 - An act providing for continuity of office in case of the absence, disability, resignation or death of a commissioner or head of a department.

- 656 - An act creating in the City of Boston a new Department of Health and Hospitals under the charge of a Board, incorporating said board for certain purposes, establishing new divisions in the office of the City Clerk and the Housing Inspection Department of said city, and transferring to said new department and divisions the functions of, and abolishing, the Health and Hospital Departments of said city.
- 661 - An act authorizing the introduction of reproductions of certain documents in evidence in any judicial or administrative proceeding.
- 672 - An act authorizing the City of Fall River to borrow money outside its debt limit for the purpose of constructing a public works operational center and an incinerator.
- 674 - An act further extending the time within which certain sewerage projects and works in the Metropolitan Sewerage District may be undertaken and completed.
- 676 - An act regulating the identity and quantity of commodities other than food which are packaged for sale at retail.
- 689 - An act redefining the word "Ambulance" under the Motor Vehicle Law.
- 691 - An act making certain appropriations for the fiscal year nineteen hundred and sixty-six prior to final action on the general appropriation bill for said year.
- 695 - An act relative to the liability for the charges for caring for certain infants born to unwed mothers.
- 697 - An act relative to the fees for certain permits and certificates issued by the Division of Marine Fisheries.
- 706 - An act authorizing the City of Quincy to enter into a contract for the construction and operation of a facility for the disposal of garbage or refuse by incineration, composting or any other sanitary means.
- 710 - An act providing that the Board of Rate Setting establish the rates to be charged by counties in convalescent or nursing homes, or rest homes.
- 717 - An act further extending the time within which an act making certain appropriations for the fiscal year nineteen hundred and sixty-six prior to final action on the general appropriation bill for said year shall be operative.
- 734 - An act establishing the West Northfield Water District in the Town of Northfield.
- 737 - An act relative to the powers of the Executive Committee of the Metropolitan Area Planning Council.
- 745 - An act extending the time within which an act making certain appropriations for the fiscal year nineteen hundred and sixty-six prior to final action on the general appropriation bill for said year shall be operative.

- 746 - An act authorizing the establishment of the Baldwinville-Otter River Sewer District within the limits of the Town of Templeton.
- 748 - An act authorizing the formation of regional refuse disposal districts.
- 750 - An act providing for the sale of objects made by patients in certain state hospitals.
- 759 - An act establishing a board of trustees of the Hillside Manor in the Town of Methuen.
- 767 - An act providing for the temporary maintenance of the Rutland Hospital property.
- 774 - An act further extending the time within which an act making certain appropriations for the fiscal year nineteen hundred and sixty-six prior to final action on the general appropriation bill for said year shall be operative.
- 775 - An act excepting certain transfers from the law relative to the establishment of educational requirements and the use of civil service lists in certain cases.
- 788 - An act providing for a special outlay for shore protection and improvement of rivers and harbors.
- 791 - An act to provide for a capital outlay program for the Commonwealth.
- 820 - An act authorizing the Town of Stoughton to contract for the disposal of its garbage, refuse and offal by composting for periods not exceeding twenty years.
- 822 - An act providing for the protection and maintenance of the Essex County Hospital during a certain period of time.
- 824 - An act making appropriations for the fiscal year nineteen hundred and sixty-six for the maintenance of the Departments, Boards, Commissions, Institutions and certain activities of the Commonwealth, for interest, sinking fund and serial bond requirements, and for certain permanent improvements.
- 827 - An act providing that medical assistance to the aged be given to certain recipients of public assistance.
- 840 - An act to provide a contributory group hospital, surgical, medical and other health insurance program to be known as optional Medicare extension to active and retired employees of the Commonwealth and of certain political subdivisions as a supplement to the Federal Health Insurance for the Aged Act.
- 841 - An act to provide a contributory group hospital, surgical, medical and other health insurance program to be known as optional Medicare extension to active and retired employees of certain counties, cities, towns and districts as a supplement to the Federal Health Insurance for the Aged Act.

- 846 - An act to provide for a special capital outlay program for the Commonwealth.
- 847 - An act to provide funds for the planning and development of the University of Massachusetts Medical School in the City of Worcester.
- 853 - An act providing for the prompt disposition of grievances of State employees relative to assignments of tours of duty.
- 872 - An act authorizing the City of Gloucester to obtain an additional source of water supply by diverting water from the Ipswich River.
- 874 - An act authorizing the Departments of Public Welfare and Public Health to enter into certain agreements for the purpose of enabling the Commonwealth to comply with, and be eligible for, certain assistance and funds under the Social Security Act.
- 877 - An act further providing for activities at the University of Massachusetts.
- 888 - An act providing that violations of standards of fitness for human habitation shall constitute a defense in actions of summary process to recover possession of rented or leased premises.
- 889 - An act providing for the development and promotion of nutrition education programs in the schools of the Commonwealth.
- 890 - An act further increasing the amount of indemnification payable by the Commonwealth for the protection of State employees in certain actions arising out of the operation of State-owned vehicles.
- 898 - An act relative to the enforcement of the minimum standards of fitness for human habitation existing under the State Sanitary Code.
- 901 - An act providing for the transfer by the Commissioner of Mental Health of certain property in the City of Worcester to the Board of Trustees of the University of Massachusetts for the University of Massachusetts Medical School.

Resolves of 1965 (July 1, 1965 - January 4, 1966)

- 80 - Resolve providing for an investigation and study by a special commission relative to certain civil service and public personnel administration matters.
- 81 - Resolve providing for an investigation and study by the Retirement Law Commission relative to providing for an increased allowance for earnings of a person pensioned or retired for disability.
- 86 - Resolve providing for an investigation and study by the Retirement Law Commission relative to pensions payable to certain retired persons and other related matters.

- 90 - Resolve providing for an investigation and study by the Department of Public Health relative to certain matters pertaining to nursing and convalescent homes.
- 91 - Resolve providing for an investigation and study by a special commission relative to the assessment of the costs of Bristol County Hospital and Nursing Home for the Aging.
- 93 - Resolve increasing the scope of the special commission established to make an investigation and study relative to retarded children and the training facilities available therefor.
- 99 - Resolve further reviving and continuing the special commission established to make an investigation and study relative to the advisability and feasibility of using all or a part of the land and waters under the control of the Metropolitan District Commission at Quabbin Reservoir for recreational purposes.
- 107 - Resolve increasing the membership of the special commission established to make an investigation and study relative to the establishment of a state board of examiners of bioanalytical laboratories.
- 109 - Resolve providing for an investigation and study by the Retirement Law Commission as to whether coverage is provided under the Accidental Death and Accidental Disability Provisions of the Retirement Law for employees engaged in the performance of their duties while on overtime.
- 116 - Resolve providing for an investigation and study by the Water Resources Commission relative to water resources in the Towns of Braintree and Randolph, and the surrounding area.
- 118 - Resolve providing for an investigation and study by the Department of Public Health relative to the pollution of Ell Pond in the City of Melrose.
- 122 - Resolve continuing the investigation and study by the Water Resources Commission of the public water supply resources of the Ipswich River.
- 127 - Resolve increasing the scope of the special commission established to make an investigation and study relative to the assessment of the costs of Bristol County Hospital and Nursing Home for the Aging.
- 128 - Resolve extending the time within which the special commission established to make an investigation and study of the status of women in employment and other areas shall complete its investigation and study and file its final report, and authorizing said commission to file reports from time to time.

Acts of 1966 (January 5 - June 30, 1966)

- 1 - An act in addition to the general appropriation act making appropriations to supplement certain items contained therein, and for certain new activities and projects.

- 14 - An act imposing a temporary tax on retail sales, and a temporary excise upon the storage, use or other consumption, of certain tangible personal property, revising and imposing certain other taxes and excises, establishing the local aid fund, and providing for the distribution of funds therefrom to cities and towns.
- 18 - An act limiting the number of refusals of employment from eligible civil service lists after three separate certifications.
- 35 - An act authorizing the Town of Concord to acquire land in the Town of Lincoln for reservoir purposes and curtailing the rights of the Town of Concord to draw from the waters of Sandy Pond for municipal water supply purposes.
- 36 - An act increasing the amount of money which the City of Cambridge may borrow for the purpose of constructing an addition to the Cambridge City Hospital and for reconstructing or remodeling the existing hospital facilities.
- 50 - An act authorizing the Town of Marblehead to remove certain structures and the remains of bodies from any abandoned or neglected cemetery in said town, and to acquire the land thereat.
- 52 - An act relative to the use of tuberculin on cattle at quarantine stations.
- 53 - An act authorizing agents of the Director of Livestock Disease Control to tag bovine animals with identification tags.
- 54 - An act making a corrective change in the definition of contagious disease in the Livestock Disease Control law.
- 55 - An act making a corrective change in the law relative to transporting cattle.
- 60 - An act authorizing cities and towns to borrow money outside the debt limit for remodeling, reconstructing, or making extraordinary repairs to reservoirs and filter beds.
- 65 - An act regulating the use of the word 'native' in connection with the sale or packaging of turkeys.
- 67 - An act making the chairman of the Youth Service Board a member of the Drug Addiction Rehabilitation Board.
- 70 - An act clarifying the time in which certain appointments or promotions may be made under the Civil Service Law.
- 71 - An act designating certain drugs as narcotic drugs under the narcotic drugs law.
- 77 - An act requiring a recorded roll call vote on any action by a state board or commission or by the governing board or body of any public authority at the request of any member.

- 78 - An act creating a lien in favor of a city or town for the expense of cleaning certain dwellings which are in violation of the Public Health Laws or Regulations.
- 79 - An act authorizing cities and towns to appropriate money for the erection and maintenance of public medical institutions.
- 91 - An act relative to the transportation of bovine animals.
- 94 - An act authorizing the Director of Livestock Disease Control to waive compliance of certain provisions of law relative to brucellosis or Bang's Disease in bovine animals.
- 100 - An act extending the time within which certain appeals may be heard by less than a majority of the members of the Civil Service Commission.
- 102 - An act relative to the monthly meetings of the Board of State Examiners of Plumbers.
- 115 - An act extending the time for filing requests for reviews of markings and the time for filing appeals therefrom in connection with civil service examinations.
- 122 - An act prohibiting minors from having alcoholic beverages in a motor vehicle upon any way to which the public has a right of access.
- 128 - An act authorizing the issuance of temporary licenses for the handling of raw milk for inclusion in bulk tank trucks.
- 129 - An act providing that male and female employees in classified civil service in certain cities and towns shall receive equal pay for equal work.
- 131 - An act making appropriations for the fiscal year ending June thirtieth, nineteen hundred and sixty-six, to provide for supplementing certain existing appropriations and for certain new activities and projects.
- 132 - An act repealing a certain obsolete provision of law relative to the discharge of sewage in Boston Harbor.
- 160 - An act establishing an interagency council on mental retardation.
- 192 - An act providing for qualifying examinations in certain cases under the civil service law.
- 195 - An act making the law relative to the disposition of burnt, dilapidated or dangerous buildings in certain cities and towns applicable in all cities and towns.
- 202 - An act relative to the making of contracts by municipalities for the disposal of refuse by composting, sanitary land fill, or by any other sanitary manner.

- 208 - An act making appropriations for the fiscal year nineteen hundred and sixty-six to provide funds for the Department of Corporations and Taxation.
- 210 - An act relative to the salaries of certain officers and employees of the Commonwealth.
- 214 - An act making certain changes in the powers and duties of the Department of Public Welfare.
- 217 - An act defining "Farming" or "Agriculture" under the Public Health Laws.
- 224 - An act validating the establishment and certain proceedings of the Oxford-Rochdale Sewer District.
- 237 - An act providing that the Director of the Division of Fisheries and Game and the Chairman of the State Reclamation Board be advisory members of the Committee for Conservation of Soil, Water and Related Resources in the Division of Conservation Services in the Department of Natural Resources.
- 265 - An act authorizing registered physicians or pharmacists to furnish drugs or articles for the prevention of pregnancy or conception.
- 274 - An act relative to the computation of the retirement allowance for certain persons in the public service.
- 276 - An act extending the time within which a public hearing shall be held under the law relating to the protection of flood plains.
- 290 - An act relative to appointments to fill temporary vacancies.
- 299 - An act relative to the qualifications of applicants for registration and examination by the Board of Registration in Medicine.
- 308 - An act relative to the registration as voters of persons in hospitals, sanatoriums, rest homes or convalescent or nursing homes.
- 324 - An act further extending certain provisional appointments and temporary transfers for a limited period.
- 331 - An act requiring notice to cities and towns of the taking by eminent domain of the right to draw water in cases of emergency.
- 333 - An act exempting the office of Superintendent of the Hillside Manor of the town of Methuen from the Civil Service Law and placing the position of Supervisor of Nurses, Hillside Manor, under said law.
- 339 - An act prohibiting the purchase without a prescription of certain exempt narcotic drugs by minors.
- 349 - An act providing eligibility in competitive promotional examinations.

- 353 - An act establishing the Health and Welfare Commission.
- 361 - An act providing that the keeping of such records of race, color or national origin as the Massachusetts Commission against Discrimination may prescribe shall not be deemed unlawful under the fair employment practices law.
- 381 - An act authorizing cities and towns to contract for a supply of oxygen for periods not to exceed three years.
- 391 - An act making appropriations for the fiscal year ending June thirtieth, nineteen hundred and sixty-six, to provide for supplementing certain existing appropriations and for certain new activities and projects.
- 396 - An act authorizing the Town of Braintree to use a certain reservoir in the Town of Randolph for its water supply.
- 400 - An act providing for the enforcement and prosecution of certain violations of the law relative to seed potatoes.
- 403 - An act authorizing the sale of certain plastic caps used in connection with certain toys.
- 409 - An act establishing the Board of Registration of Chiropractors and defining its powers and duties.
- 411 - An act making appropriations for the fiscal year nineteen hundred and sixty-seven, for the maintenance of the departments, boards, commissions, institutions and certain activities of the Commonwealth, for interest, sinking fund and serial bond requirements, and for certain permanent improvements.

Resolves of 1966 (January 5 - June 30, 1966)

- 1 - Resolve reviving and continuing certain special commissions.
- 6 - Resolve providing for an investigation and study by the Commissioner of Administration relative to the assessment of an appropriate share of the administrative costs of the Commonwealth against that part of an agency's administrative funds which is not made available through general appropriation.
- 12 - Resolve providing for an investigation by the judicial council relative to exempting nurses from civil liability as a result of rendering certain emergency care.
- 17 - Resolve continuing the investigation and study by the Department of Public Health relative to the pollution of Ell Pond in the City of Melrose.

- 22 - Resolve providing for an investigation by the Judicial Council relative to authorizing police officers to arrest without a warrant violators of certain drug laws.
- 23 - Resolve providing for an investigation and study by a special commission relative to assisting cities and towns in the Metropolitan Parks District to plan and develop their natural resources and protect their watershed resources.
- 24 - Resolve providing for an investigation and study by a special commission relative to the minimum standards of fitness for human habitation adopted by the Department of Public Health and their effect on property owners.
- 25 - Resolve providing for an investigation and study by a special commission relative to leases of land or buildings or both entered into by public agencies with nonprofit institutions.
- 28 - Resolve providing for an investigation and study by a special commission relative to the improvement of the Chicopee River watershed.
- 39 - Resolve providing for an investigation and study by a special commission relative to harbor regulations in the Commonwealth.
- 41 - Resolve providing for an investigation and study by a special commission relative to landscaping and landscaping maintenance of public buildings.
- 46 - Resolve further reviving and continuing certain special commissions.
- 47 - Resolve further reviving and continuing and increasing the scope of the special commission established to make an investigation and study relative to retarded children and the training facilities available therefor.

RECOMMENDATIONS FOR 1967 LEGISLATION

Following is the legislation to be submitted to the next session of the General Court by the Department:

1. APPOINTMENT OF SUPERINTENDENTS, PHYSICIANS, AND OTHER EMPLOYEES.

This legislation is proposed in order to permit superintendents of hospitals of the State Department of Public Health to appoint certain employees without the necessity of the time consuming requirement that the Commissioner of Public Health hold hearings on removal, etc. of certain employees.

2. REIMBURSEMENT FOR HOSPITALIZATION AND OTHER CARE.

This legislation proposes a corrective change in the law. Under present law a hospital service corporation may reimburse the Lemuel Shattuck Hospital only for hospitalization, while other State hospitals (Soldiers' Homes, etc.) are eligible for reimbursement for hospitalization and OTHER CARE. The proposed legislation would make the law the same for both, without discrepancy.

3. AN ACT DEFINING "RESIDENT" AND "CHRONICALLY NON-RESIDENT PERSON".

The proposed legislation defines "resident" and "chronically non-resident person" as they pertain to individuals suffering from smallpox or other disease dangerous to the public health. This is necessary to determine financial responsibility for care and treatment.

Under present law there is a definition, by incorporation, of "chronically non-resident" person. There is a reference to section 80 of chapter 111 of the General Laws. However, since section 80 refers exclusively to patients suffering from tuberculosis, this reference is not adequate.

4. AN ACT AUTHORIZING THE ACQUISITION OF CERTAIN LAND BY THE DEPARTMENT OF PUBLIC HEALTH.

At a conference in the Governor's office in the summer of 1963, it was decided that the Federal request for 4.35 acres of the "Bussey" land in Forest Hills, on which to establish a Water Pollution Research Laboratory, could be safely granted provided that room for adequate parking space, possible future expansion, etc. was ensured through purchase of the vacant lot across the street from the "Bussey" land. The Governor recommended at that time that action be taken to secure the lot in question, so that there would be no possibility of a land shortage in the area, at the time when additional space was required.

The present plans for construction of a new State Laboratory building, and a Water Pollution Research Laboratory on the piece of land transferred to the Federal Government, together with the power plant and parking requirements for these buildings, will leave barely enough room when the buildings are completed, and there will be essentially no unused land

available for the additional parking needs which will develop when the Federal building is enlarged and the State building is fully occupied. Nor is there adequate space for an added State building or a major wing on the projected new building. The likelihood of a serious shortage of space developing in the foreseeable future is therefore a very real one.

The lot in question is on a hillside. It is at present vacant, but the owner has been actively filling it in and there is every indication that it will be available and used for construction, presumably of house lot, with a year or so. Therefore purchase of the land by the State should be accomplished at the earliest possible date in order to avoid having to pay a very much higher price for it later.

5. VACCINATION AND IMMUNIZATION OF SCHOOL CHILDREN.

The purpose of the proposed legislation is to require that all children entering school be immunized against smallpox, diphtheria, pertussis, tetanus, measles and poliomyelitis. Through voluntary methods approximately 98% of the children entering school have been immunized against smallpox. Between 90 and 95% of the school children have been immunized against the other five diseases. The group that has not been immunized is hard to reach through community programs and they represent a risk of spot outbreaks of these diseases.

Elimination and eradication of the above diseases is now possible. Compulsory immunization would represent no hardship to over 90% of the families of school children since the children have already been immunized. Exceptions to compulsory immunization would be made on medical grounds, e.g., atopic eczema for smallpox immunization, steroid therapy for measles vaccine, etc.

6. AMENDMENT OF CHAPTER 111, SECTIONS 51-56 AND SECTIONS 71-73.

Legislation to join licensing of hospitals and sanatoria under present clinic and dispensary laws.

BUREAU OF CHRONIC DISEASE CONTROL

Division of Adult Health

The main purpose of the Division of Adult Health is to devise, implement or support measures which aim at (a) preventing the onset of chronic disease or, failing this, (b) limiting disability resulting from such disease and bringing about as much rehabilitation of the disabled as is possible.

The main effort in cancer control during the year was in the early detection of cervical cancer. Subsidies to hospital cancer clinics are in the process of being discontinued. The role of the tumor diagnosis service is under review.

The State-wide program for the rapid identification of Group A beta hemolytic streptococci as a primary prevention of rheumatic fever was implemented.

A proposed training course curriculum for nurses' aides was prepared together with guidelines for the selection, training, supervision and utilization of nurses' aides. Assistance was given the New England Board of Higher Education with the planning of a five-year training project for registered nurses in nursing homes. A manual of rehabilitation nursing principles and procedures was started.

A meeting with social workers was convened in order to help clarify procedures relating to transfer of patients between mental health hospitals and nursing homes. Nutrition consultation service was extended to nursing home administrators and to dietary personnel working with or planning to be employed by nursing homes. An Institute on Diet and Atherosclerosis was held for dietitians and nutritionists from the New England states. New field training opportunities in community nutrition were developed for dietetic interns in training at Beth Israel Hospital.

Training courses for homemaker-home health aides were conducted. Guidelines for personal care for homemaker-home health aides were prepared, incorporated into the pre-service and in-service training of aides and interpreted to the staff of home health agencies providing supervision of homemaker-home health aides in the home. A training program for administrative personnel of Homemaker-Home Health Aide Services was conducted in cooperation with the Training Center for Comprehensive Care. A standard grant application for Homemaker-Home Health Aide Services projects was designed, and, as an outgrowth of this undertaking, a Manual for Homemaker-Home Health Aide Services is in the process of preparation.

In connection with the administration of the Health Insurance Program for the Aged (Medicare) the following tasks were accomplished: (a) survey of Home Health Services in the State; (b) organization of a Developmental Grants program for home health services; (c) formation of advisory committees in the fields of physical therapy, occupational

therapy, medical social work and nutrition; (d) survey of hospital-based home care programs to determine eligibility for participation in Medicare; (e) interpretation of the Program to community groups throughout the State; (f) preparation of agreement forms for Home Health Agencies in contracting for "other therapeutic services."

Several studies were undertaken by the staff in cooperation with community agencies or professional organizations, such as (a) collection and analysis of service record data from Homemaker-Home Health Agencies and from the nutrition service of the Nashoba Associated Boards of Health; (b) evaluation of a Dial-a-Dietitian Program and the use of talking records for teaching blind diabetics; (c) determination, through mailed questionnaires, of the interest and availability of physical therapists, medical social workers and dietitians for employment by home health agencies and nursing homes.

The Chronic Disease Grants Program to develop and support community health services for the chronically ill and aged continued to grow in scope and quality. The projects have yielded important findings, stimulated service innovations and new administrative patterns and helped to establish a state-wide network of services for the chronically ill and aging.

Federal and State appropriating bodies should be helped to recognize the need for adequate funds to provide expanded services for the chronically ill and aged and to devise sufficiently flexible mechanisms for the administration of these funds in order that they may be expanded as effectively as possible.

Every woman over twenty-five years should have a Pap smear for the early detection of cervical cancer. To this end, cancer education of the profession and the public should be supported and means explored for providing the necessary laboratory facilities where such do not exist. Means for reducing the incidence of carcinoma of other sites should be explored. The Division should cooperate with the Massachusetts Heart Association and other agencies in implementing the recommendations of the Second National Cardiovascular Conference. Other official and non-official agencies should receive cooperation in the creation of a Massachusetts Interagency Council on Smoking and Health. A state-wide diabetes detection program based on blood sugar examination rather than urine should be promoted. Activities in the field of arthritis control should be explored.

The Division should provide leadership in the development of home health services throughout the State in cooperation with existing community health agencies, councils, and other program planning groups, and should assist in coordinating the services of home health agencies, nursing homes, and hospitals to improve continuity in patient care. Work with community agencies could achieve regionalization of health services, increasing the quality and quantity of these services. Further development of working relationships with social welfare, mental health, and rehabilitation agencies could lead to joint planning and development of integrated community services.

Development and extension of the utilization of service record forms for various home health services would assure data being systematically collected to measure the utilization and effectiveness of these services. Mechanisms are needed for compiling data on community health and social resources, and utilizing the information to determine needs for services and for the area-wide planning of these services. Studies should be undertaken of all services to measure the impact of medical care upon health services, such as a study of the utilization of other therapeutic services provided by home health agencies and the evolving patterns of regional health services resulting from medical care legislation.

The Division should assist with the interpretation of the services of home health agencies to professional and lay groups, such as physicians, hospital administrators, medical social workers, nursing home administrators, and community groups, in order to further identify the role of these agencies in the network of medical care legislation. It should participate with appropriate professional organizations in the development of plans for the training of aides in the fields of social work, physical therapy, occupational therapy, nursing home management, etc., so as to augment the supply of auxiliary personnel needed to staff both institutional and home health services for the chronically ill and aged. A foster care program should be demonstrated as one alternative to institutional care for the chronically ill and aged.

Division of Alcoholism

According to Chapter 418, Acts of 1959, it is the responsibility of the Division of Alcoholism to (1) establish programs for the diagnosis, treatment and rehabilitation of alcoholics; (2) study the problem of alcoholism; (3) develop and promote preventive and educational programs relating thereto; and (4) coordinate the work of all departments and agencies dealing with the care and treatment of alcoholics or with the problems of alcoholism.

Education activities, directed at the prevention of alcoholism and the prevention of problems associated with excessive drinking, continued to receive heavy emphasis. Training programs on pastoral care of the alcoholic and on church programs for teen-agers were carried out. Working closely with TECAP (The Ecumenical Commission on Alcohol Programs), an interfaith statement on drinking, drunkenness and alcoholism was developed and released to newspapers with good results. The Commission is currently planning a Pastoral Training Institute on Alcoholism.

A major target group of education activities is the teen-age segment. The Division has conducted teen-age programs or is working on their development in Needham, Falmouth, Winchester, Swampscott, Westwood and Concord. In addition, the Division is providing training to teachers in order to enable them to independently carry out alcohol education programs in their schools. Teacher training programs have already been conducted at Boston University and at the State Colleges at Boston, Bridgewater and Salem.

In the area of coordination, the Division assisted the South

Shore Mental Health Center in developing a special program for alcoholics participating in the work-training program of the Quincy Welfare Department. The Division is also working with the Boston and Middlesex Sanatoria on treatment programs for the tuberculous alcoholic. A Committee on Legal Issues to advise and assist the Division was organized during the past year. This Committee has been concerned with drinking and driving, and is attempting to obtain passage of "implied consent" legislation. Other coordination activities were carried out with half-way houses, voluntary committees on alcoholism, and the Brockton VA and Lemuel Shattuck Hospitals.

In research, the Division has initiated two clinic studies, one at the Washingtonian Hospital, for the development of guidelines in the evaluation of out-patients, and one at the New England Hospital, seeking factors that may be associated with attitudes toward alcoholism of both in-patients and out-patients. Projects related to schools and colleges involve the development and administration of evaluation scales for measuring student attitudes toward drinking before and after the Division's educational programs. One such study, at Xaverian High School, Westwood, showed that the students were less favorable toward excessive drinking after the educational program than before, the aim of the demonstration project. The Division is also helping to support studies at Brandeis University, University of Massachusetts, and Massachusetts General Hospital.

In treatment, the Division and Boston University Medical School have begun operation of the South End Center for Alcoholics and Unattached Persons, which is a multi-discipline facility. Initially the Center was operating at the rate of approximately 60 new patients a month, but a rapid expansion has taken place and the Center is now processing 120 new patients a month. Many patients are following through on their initial contacts, and the case-load is rapidly building up. Experience has already made it clear that unattached and homeless alcoholics will respond to a medical-social welfare approach and that police-correctional handling is not essential.

The seventeen out-patient alcoholism clinics treated a case-load of 9000 patients in fiscal 1966. However, the Division was able to finance hospitalization for only 187 patients, a drop of 30 from the previous year. This reflects the continued serious problem of obtaining hospitalization for the acutely sick and indigent alcoholic.

Since primary prevention of alcoholism is a major emphasis of the Division, the progress with groups of clergy is significant, particularly because it is a step toward community support for educational programs in the school systems. Exploration by teachers and pupils of attitudes toward drinking, drunkenness and alcoholism needs to be encouraged because responsible decision-making by teen-agers will shape their future drinking or non-drinking practices. Because a consensus in the community regarding the use and misuse of alcohol can greatly aid the school administrators, the Division's efforts in community organization and planning for school programs will continue.

Coordination of efforts by the many agencies that deal with al-

coholism continues to be a major focus of the Division, aiming at continuity of care for the patient. A concentration of efforts, with particular attention to State mental hospitals and tuberculosis institutions, is required, along with assistance to half-way houses.

In research, gradual progress is being made in the development of evaluation procedures for out-patient clinics. The increased case-loads in the clinics indicate an increasing awareness that alcoholism is an illness, and efforts must be intensified toward earlier case-finding and treatment. Improved services in clinics and additional in-patient facilities are possible with the increased allocation of funds, but the need is great for more hospitalization resources.

The four-fold program of education, coordination, research, and treatment will continue for fiscal 1967. Additional funds have been budgeted for clinic services and for the establishment of three regional offices. These offices will be developed to serve effectively all agencies, public and private, in the development and coordination of programs of education and treatment. In addition, the Division is now in a position to purchase, to a limited extent, half-way house services. This year will be an exploratory period in this regard and if it works out well, State support for half-way house services will be expanded.

Division of Communicable Diseases

The Division operates two separate and distinct programs. The communicable disease program is essentially advisory and investigatory. The venereal disease program combines the features of a medical care program and epidemiologic responsibility.

Communicable Diseases. Division figures show that the most significant event of the year was the marked decline in cases of measles. An outbreak of influenza B began during the winter in southeastern Massachusetts and spread north and west. The epidemic ended in March and attacked primarily grade and high school students.

Rabies control measures have been intensified. A five-point program has been developed in cooperation with the Division of Livestock Disease Control of the Department of Agriculture and the Massachusetts Veterinary Association. Public clinics for the immunization of dogs against rabies have been held in many communities.

The Division has been cooperating with Children's Hospital and the Metropolitan Chapter of the Boston Red Cross in collecting blood from adult patients convalescing from chicken pox. The blood is processed by the Red Cross, which supplies hyperimmune gamma globulin-chicken pox through the Children's Medical Center. This product is being evaluated as a prophylactic agent against herpes zoster in children who have leukemia.

Amantidine hydrochloride was evaluated this winter at Nazareth. None of the children showed an intolerance to the drug and none of them

became ill with influenza although several members of the staff, not on the drug, developed influenza.

An outbreak of Asian influenza is expected in 1966-67, mild in character and extent. Rubella is expected to increase, but a satisfactory vaccine for general use will probably be available by 1969. A Rabies Control Week has been planned for Boston from October 17 to 22, 1966, a joint endeavor of the Division, the Boston Department of Health and Hospitals, the Massachusetts and New England Veterinary Associations, the Animal Rescue League, the Angell Memorial Animal Hospital, and the Massachusetts Medical Society.

Venereal Disease. The records clearly indicate that organized and commercialized prostitution is not a major factor in the venereal disease problem. The biggest source of venereal disease contacts is the pick-up, and the places of pickup are centered primarily around taverns, bars, and restaurants. The home, hotels, and automobiles, in that descending order of frequency, are the places of exposure.

The Division continues the follow-up of all selectees discovered to have a positive blood test for syphilis or other evidence of venereal disease. These patients may be examined by their private physician or at the nearest State cooperating venereal disease clinic. These reports are evaluated and sent to the Induction Board. Similarly, the Division receives reports from the military of men separated from the Armed Forces who need follow-up for these diseases. Based on its successful experience for the past nine years, the Division staff is responsible for the interviewing of military patients in Massachusetts for their contacts, in addition to investigation of all military contacts in the State.

Plans for extending reciprocity arrangements on the premarital examination law continue.

The training program includes lectures, and radio and television broadcasts.

As a consequence of the intensification of the Sero-Reactor and Private Physician Visitation programs, more new cases of early infectious syphilis are being found.

The Division was asked by the Venereal Disease Branch of the Public Health Service to participate in a national study to determine the incidence of penicillin reactions in venereal disease patients in the twenty-two cooperating clinics. The results are being tabulated and analyzed by the Public Health Service at the present time.

The Division received two Project Grants from the Public Health Service. One was for a study on the attitudes of private physicians toward the venereal diseases; this study was contracted out to the National Public Opinion Research Center at the University of Chicago and its results have been completed. The second project will enable the Division to evaluate current venereal disease educational movies for their

effectiveness among the teenage population.

In addition to the preventive and control activities, the Division is currently engaged in ten applied research studies.

Five articles have been accepted for publication and will appear in the future in medical journals.

Division of Dental Health

The objectives of this Division are the prevention and control of oral diseases and malformations and the control of hazards to health secondary to the need for dental treatment procedures.

The Division provides technical guidance to local health agency dental units. Treatment facilities for advanced dental problems are directed by the Division and the Division assumes a staff guidance relationship with the dental units of the Department's institutions. Technical guidance is provided to the dental profession on both an ad hoc and a continuing basis. In-service training is provided for local community dental personnel and the Division serves as one of the few qualified agencies in the country in providing a residency training unit for dentists in the speciality of dental public health. A State-wide inspection program of dental treatment facilities for compliance with the Department's Rules and Regulations is maintained. The Division's staff undertakes the responsibility for school health dental services in the smaller communities of the State in need of this type of assistance. Field study projects are undertaken for the evaluation of dental treatment procedures and local program operations. Educational experiences and exercises are devised particularly for the school-age child in matters of dental health.

Programs for the control of dental diseases and disabilities and associated activities have been expanded modestly in size and scope. Greater emphasis has been placed on education for dental health in both the professional and public aspects by increased support from Federal resources.

A residency training program for dentists in public health work has been activated. This program has been given accredited status by the Council on Dental Education. The dentists in residency training have effectively increased the professional strength of the Department and their guided experience promises future competencies of significance in this area. This is a continuing program. New dentists have been assigned for the coming year to continue this supplement to our professional manpower in the education, service and research programs of the Department.

The Dental Health program has been augmented further by the addition to the Dental staff of a Training Supervisor. This has produced an increase in production of health education supplies and exhibits. In-service training programs for local and State personnel have been made more active and sophisticated. An important integration of health and education disciplines has been effected by the continuing conference method. Curriculum outlines in Dental Health Education have been con-

structed for the State's schools preparing auxiliary personnel for work with the dental profession.

The trends in our society toward organization of health care programs by third-party-payment schemes will affect the practice of dentistry in Massachusetts very materially. This, and the relative decrease in dentist manpower available for service to the public have prompted initiation of studies of the administration of dental services. Long-range studies in this subject have, therefore, been started in planning for financing of dental care, calculating costs of services, design of dental operatory space and efficient use thereof and the general establishment of standards for quality and quantity control of dental services. This specific attention to administration procedures has produced design improvements that have been applied successfully this year in two of our larger city health department dental services. Objective measurements in administration of dental services and the use of computer technology to derive lessons in efficiency in dentistry should uncover effective savings in manpower and operating costs. Concurrently, we have joined with the other New England states in a study of the postgraduate and continuing educational needs of dentistry. This emphasis on continuing development of the effectiveness of available professional resources must be viewed against the background of our population increase, its increased ability to seek dental care and our rapidly progressing shortage of dentists. There seems to be general agreement that, as in this case, not only must skills be sharpened but, very probably, an increase in the number of dentists should be encouraged through all possible means.

Special treatment services for children with facial disfigurements have been increased during this year. Along with this ability to provide for more children, there has been added a research component, studying factors in growth and development of children. A training component has also been added to this program, to produce dentists to carry on the special skills that have been developed at these facilities for the management of the child handicapped with disfiguring facial structures of developmental or traumatic origin.

In the program for the control of radiation in dentistry, this year's work concluded the inspection and surveillance of all the dental x-ray installations in the State. This inspection program has taken three years to accomplish and now assures that all x-ray installations of this type meet the standards set by the Department in its regulations for control of ionizing radiation. Fundamental inquiries were begun on the accumulative radiation exposure of the public from this source. Toward the end of the year the Federal government offered substantial support for the collection of this type of data. This assures a continuing effort by the Department in the fundamentals of radiation control. Today, dental radiation exposures to the public are less than half of what they were only a few years ago. The application of technical improvements by public health action has made this possible with no loss in diagnostic usefulness to the dental profession. It is expected that continued public health emphasis will produce, in the near future, still more and significant reductions from this source of radiation despite its present com-

paratively low levels.

Field studies continue to produce evidence of a sharp reduction in dental caries in areas where sophisticated control measures such as fluoridation of public water supplies or dietary fluoride supplementation are practiced. The application of these procedures is not widespread, however, and this State remains low on the list of those who have put these techniques into vigorous use. Dental caries, therefore, generally remains prevalent. This taxes treatment resources, particularly the publically supported ones, very severely. Only one community this year put the fluoridation decision to its voters and they rejected the option quite substantially. We continue to have to face population dental needs on a conservation-of-function and treatment basis rather than on one of prevention of disease. To speed the day when preventive measures will make a bigger contribution to the control of dental caries, the General Court, in its current session, has approved the formation of a special commission to study the dental needs of children and make suggestions for their resolution.

Lemuel Shattuck Hospital

The Lemuel Shattuck Hospital is an institution for the active treatment of chronic disease and of acute illness as it occurs in the chronically ill patient.

More patients were admitted to the hospital than in any year since its opening. However, they had a shorter average duration of stay which resulted in a decrease in the total patient days. More visits were made to the Out-Patient Department than at any other time. At the close of the year there were over one hundred Medicare beneficiaries who were in-patients.

The Medical Service completed its reorganization into acute general and speciality units, resulting in an improvement in patient care and a reduction in hospital stay. A Chronic Dialysis Unit was begun with State and Federal financial support. Staffing, equipping and construction are under way and this unit now is moving toward operation.

A special effort has been made to improve the continuity of care of patients when they are discharged from the hospital. Many hours of professional time were taken up with planning better methods of preparing patients, their families, and their attendants for the transition from the hospital to home. These methods are repeatedly being evaluated by following up discharged patients.

The resources of the hospital have been heavily used by other divisions of the Department for conferences, hearings, teaching activities, and a variety of community health services.

During the year plans were initiated for closer cooperation with the Massachusetts Rehabilitation Commission, the Division of Alcoholism, and the New England Sinai Hospital. All of these are still in process of completion.

The Clinical Laboratories Service responsibility was divided in two. Separate Departments of Pathology and Laboratory Medicine were created. This represents a better organization and should result in better service to our clinical services.

The Neurological Service was notified that its residency approval was denied since one-year programs were no longer being approved. This will mean dependence on affiliated residents, reduction in the size of the Neurological Service and more careful screening of candidates for admission.

In the next few years the Medical Service will emphasize recruitment of more rotating residents from other hospitals, better first-year assistant residents and a broader base of clinical teachers.

The major project for the Surgical Service is a reactivation and reorganization of the Orthopedic Service with the help of the Massachusetts General Hospital.

Statistical Unit. The purposes of the Statistical Unit are: to provide statistical data processing services to the Bureau of Chronic Disease Control; to develop a population-based Tumor Registry; to transmit data on punch cards, relating to registration and follow-up of cancer cases, to the National Cancer Institute.

The Tumor Registry has been adapted to a new processing system which should improve the efficiency of indexing and follow-up. Statistical assistance was provided for nineteen studies by members of the Bureau staff.

The Tumor Registry will be further developed and the common sphere of interest of the Registry and the National Cancer Institute expanded. Selected socio-economic and medical information on patients discharged from the Lemuel Shattuck Hospital will be processed mechanically. An evaluation of needs and efficiency of organization of community health services will be undertaken.

Training Center for Comprehensive Care. The purposes of the Center are: to operate a regional training and information center; to develop short-term training programs for health personnel throughout New England; to evaluate training programs offered.

The Center developed, presented and evaluated five short-term training courses for health personnel. For the Lemuel Shattuck Hospital, a discharge planning program and form were developed, also a discharge follow-up form and analysis of results of its use. A pilot training program for one hundred Home Health Aides was developed and awarded, to be funded by the Office of Economic Opportunity and to serve four states.

Nine short-term training programs for health personnel will be developed and presented.

Post-Hospital Experience Study. The principal objective of this Federally funded research project is to obtain and examine data on selected aspects of post-hospital experience of Greater Boston patients discharged from in-patient care at the Lemuel Shattuck Hospital.

The data have been processed and analyzed and preliminary findings summarized for use in introducing new practices in the hospital. The final analysis results in a fairly detailed profile of a large group of consumers of specialized rehabilitative care in a publicly owned chronic disease institution and a gross typology of the main non-clinical events in the post-discharge fates of this population. In the time remaining to the termination of the project, the analysis will be completed.

Division of Nursing Homes and Related Facilities

On March 8, 1966 the Public Health Council voted to create a Division of Nursing Homes and Related Facilities to take over the nursing home programs previously the responsibility of the Division of Adult Health. Along with its regular staff, the Division has authorization to secure the services of an architect on a consulting basis and of a physician whose position is funded through the Public Health Service. Its primary purposes are the functions of licensing and regulation.

The Division assists nursing homes and rest homes toward the development and maintenance of adequate standards of patient and residential care and promotes optimal conditions where possible. In order to gain superior levels of care, a substantial degree of activity is devoted to professional consultative services. Thus far inspections and surveillance have absorbed the predominant proportion of Division resources.

All nursing homes in the Commonwealth were classified. Sample record forms were distributed to nursing homes and rest homes. A draft of "Rules and Regulations for the Licensing of Convalescent or Nursing Homes" was compiled. Construction plans were approved for approximately forty nursing homes. An in-service training program for Division personnel was inaugurated. An initial three-day Medicare Institute for nursing home owners and administrators was held. The preliminary phases of an area-wide planning project were completed. A Federal contract was funded to analyze relationships between the cost and quality of patient care in nursing homes.

BUREAU OF CONSUMER PRODUCTS PROTECTION

Division of Food and Drugs

The Division's responsibilities are in the areas of public health protection pertinent to food and drugs, cosmetics, devices, registration of pesticides, the licensing of cold storage warehouses, sterilization of bedding and upholstered furniture, out-of-state soft drink and frozen dessert plants, methyl alcohol manufacturers, narcotic drug manufacturers, licensing of vending machines, sellers of hypodermic needles and syringes and licensing of establishments using animals for experimental purposes.

Whatever progress has been made in the fish inspection program may be credited to the educational efforts of the Director and the Inspectors. Cooperation from the industry and labor unions has been satisfactory.

Conferences with the food processors and preservers and with retail grocers groups are helping to bring about the development of two sets of rules and regulations pertaining to these groups. The passage of such regulations will prove to be milestones in the joint effort of the industries and the Department to provide for clean, wholesome food supplies for the consumers of the Commonwealth.

Milk inspection continues to be an area in need of reorganization, so that manpower and facilities available to local boards of health, the State Health Department and the Department of Agriculture can be coordinated effectively in accordance with modern concepts of inspection.

The Pesticide Board continued its coordination and licensing of pesticide applications. Its work has been outstanding in bringing about a control of the use of pesticides in the environment.

Enforcement of the frozen food code continues to show a steady improvement in the development of these products. The passage of the eating and drinking establishments rules and regulations by the Department has brought a better understanding between industry, local boards of health and the Division's inspectors.

Rules and regulations were promulgated and adopted by the Department concerning the identity of baked beans, food fish and fruit juices and orange juice drink.

The Division continued its educational work in lecturing to civic groups, such as the Kiwanians, Rotarians, P.T.A.'s, on drug abuse and drug-addict rehabilitation. The Division believes that the educational process is in the long run more effective in the prevention of drug abuse than a police-type enforcement program, and will attempt to carry out this type of program during the next year.

Inspection of vending machines dispensing foods has revealed un-

sanitary conditions, primarily due to obsolete and improperly maintained equipment. Fees of approximately \$17,000. have been collected from the vending machine operators licensing.

The greatest source of income from licensing fees continues to be from the bedding and upholstered furniture and stuffed toys law, which has brought in approximately \$60,000. during the last fiscal year.

Laboratory analysis shows almost a doubling of the number of samples of narcotics and harmful drugs submitted to our laboratories from various sources.

Labeling of hazardous chemicals continues to be a sporadic problem, but with the joint efforts of Federal Food and Drug Administration and our Division, labeling in compliance with the present laws has reached a satisfactory level, so that the consumers who can read can take the necessary precautions to protect themselves. Intensified educational programs using available news media are highly desirable in order to bring the matter of extreme caution in the use of these materials to the attention of parents and other adult consumers.

Milk contaminated with penicillin continues to be a problem in spite of the educational and enforcement program of this Department, the Department of Agriculture, assisted by the Experiment Station.

Bacteriological control and modified inspection techniques are necessary in the regulation of the frozen and precooked food industry. Many precooked foods are being purchased by the consumer in a nonfrozen condition for immediate consumption, requiring an alert public health regulatory effort.

The Division continues its survey of the milk and food supply for radiological contamination. Research and methodology continue at the Amherst laboratory.

A study of precooked frozen foods made possible by newly acquired microbiological facilities at Amherst was started about ten years ago. Microbiological examination of hundreds of samples disclosed the need for improvement in the wholesomeness of many items in this one category of potentially hazardous foods. This work, plus cooperative endeavors by many segments of the frozen food industry, was instrumental in the development of our present Massachusetts Frozen Food Code. Microbiological standards for precooked foods have proven to be especially practical and acceptable in the application of this code as it relates to all operations of the frozen food industry.

Conditions relative to precooked frozen foods which require promulgation of regulations for those items will be equally desirable for many of the other potentially hazardous foods. Most of these other categories have been subjected to microbiological examination by this Division. Evaluation of these results involving types and numbers of micro-organisms in many of these variety of foods must be based on an understanding of the procedures and technology used in preparing the particular food item.

BUREAU OF ENVIRONMENTAL SANITATION

Division of Sanitary Engineering

The Division controls activities in water supply, radiological health, air pollution, community sanitation, and water pollution. It also supervises the Metropolitan Air Pollution Control District of Greater Boston, and operates the Lawrence Experiment Station.

Grants from the Federal government for air pollution control work and for air pollution control survey programs in the Metropolitan Boston area and Metropolitan Springfield area have resulted in a tremendous increase in field work carried on by the Air Pollution Control Section and have added to the analytical work done by the Lawrence Experiment Station. Routine examinations of water, air, and soil samples continue to determine radioactivity levels in the environment. Environmental surveillance for radioactivity included the use of film badges at 30 sites in the Metropolitan Boston Air Pollution Control District. A survey was continued of environmental aspects of Atomic Energy Commission licensed isotope users. Surveys of the quality of water in our larger streams have been carried on.

More and more time and effort are required each year to supervise programs for the control of aquatic vegetation. Surveys of many shellfish-growing areas were conducted.

Examination of refuse disposal areas under Section 150A of Chapter 111 of the General Laws, and hearings relative to the operation of these areas continue to be a major activity. An attempt to change the refuse disposal law to require that all dumps be operated as sanitary landfills was defeated in the Legislature. A survey was made of solid waste disposal procedures of 79 communities in the Metropolitan Boston area.

Activity of the Division in the field of food service sanitation by the sanitarians was reduced markedly during the year, and personnel was engaged in inspecting recreational camps, local sewage disposal works, refuse disposal areas, and other activities considered more essential.

Passage of Chapter 220 of the Acts of 1965 has resulted in many requests by the Department of Natural Resources for advice of the water supply section with respect to draining and filling of flood plains.

The continued drought has resulted in additional work, primarily due to water shortages in many communities in the Commonwealth. The availability of Federal funds for planning water supply expansion has accelerated this phase.

There is every reason to believe that Federal grants to construct sewage disposal plants will increase markedly during the coming year and will be supplemented by State-aid grants to communities.

Eutrophication of our recreational waters is requiring expansion

of programs for the control of aquatic vegetation.

An application has been made for a Federal grant for a three-year project to plan for solid waste disposal. Receipt of this grant is contingent upon appropriation of approximately \$26,000. by the Commonwealth to be matched dollar for dollar by the Federal Government.

It appears quite certain that an air pollution control district will be formed under provisions of Section 142C of Chapter 111 of the General Laws in the Springfield area, and will be known as the Lower Pioneer Valley Air Pollution Control District.

Present problems which are certain to become more serious in the near future are pollution by aircraft, power plants, small incinerators, and motor vehicles. A special legislative commission to investigate jet aircraft pollution, including noise, has been established.

BUREAU OF HEALTH SERVICES

Division of Local Health Services

The primary objective of the Division is to provide an organizational structure for the promotion and distribution of activities and services of all units of the Department. In so doing, the Division works very closely with the local boards of health and local health departments.

The Governor designated the Department as the agency to implement Medicare, and much of the activity of the Division of Local Health Services was devoted to preparing for the effective date of July 1, 1966. The Division was given the additional responsibility, during this preparatory period and for some time thereafter, of coordinating the efforts of the several divisions and units of the Department until such time as a medical care coordinating unit could be established, staffed, and put into operation as part of the Commissioner's immediate staff.

Responsibilities involved survey and consultation activities with the providers of services who were to participate in the program. In regard to hospitals, the major effort was to help them establish utilization review committees and get these committees operating. Secondary efforts were placed on working with the non-accredited hospitals so that they might be in substantial compliance with the conditions for participation. The home health care agencies required almost full-time attention from November through June.

The Public Health Service provided a special formula grant which was used almost in its entirety for one-time grants to more than 50 home health care agencies to bring them in substantial compliance with the conditions of participation. At midnight on June 30, 81 home health care agencies had been certified, as well as 179 hospitals and 31 laboratories.

After reviewing the demonstration in the City of Cambridge, the decision was reached that it be brought to a close shortly after the end of fiscal year 1966. A final report is being prepared by Professor Freeman of Brandeis University which will analyze the results.

During the year the recommendations of the Hamlin study relative to the organization of the Boston Health Department and the Boston City Hospital began to be implemented, with appropriate legislation enacted by the Legislature and the Boston City Council.

Since its inception in 1963 the Vaccination Assistance Project was administered in the Division of Local Health Services. On several occasions in the past the Public Health Service has criticized this arrangement and suggested that the project belonged more logically with the Division of Communicable Diseases. Toward the end of the fiscal year arrangements were made between the two divisions, with the approval of the Public Health Service, and the administration of this project transferred.

The project involving health of migrant agricultural workers was extended for another year. Because it was anticipated that an increased percentage of the migrant workers would be coming from Puerto Rico, a more definite relationship was established with the Migrant Workers Project of the University of Puerto Rico Medical School for an interchange of information about the workers, with follow-up where indicated after they returned to their island. Some modifications in the existing project of the Commonwealth Service Corps were made and good working relationships between the two projects in Massachusetts established so that no duplication is likely.

Under Medicare, extended care facility benefits become available January 1, 1967. Work with providers of this service is planned for the first part of the year.

The Migrant Health project will concentrate on the workers in the cranberry bogs in southeastern Massachusetts.

District Health Offices

Central Health District

The purpose of the district health office is to encourage and assist local communities in achieving proper health services and to inform their citizens of the needs and trends of modern public health.

One of the most important functions continues to be the oversight and guidance of the Central Massachusetts Associated Boards of Health in order to indoctrinate new members with good public health practices through lectures, panel discussions, conferences, and general discussion of mutual problems.

Almost all day care centers are now licensed. The migrant labor project ran into some difficulty due to the voluntary aspects of the Tine Test or x-ray examinations. Several positive Tine Test patients left their jobs rather than submit to an x-ray, others left before the results could be read. The Tine Test is not practical for this group as it requires three visits and is thus a source of annoyance to the grower, who cannot spare his help at this busy time. An x-ray for all food harvesters should be mandatory by either mobile unit or bus transportation to an evening clinic.

The Nursing staff prepared Visiting Nurse Associations, boards of health and nurses for Medicare certification.

The physical therapists visited patients at home, treatment centers, schools, and the Orthopedic Treatment Room at Worcester City Hospital. In-service training programs were given to the Fitchburg Visiting Nurse Association, Nashoba Associated Boards of Health, and student nurses at Worcester Memorial Hospital. A Diabetes Fair was developed in Gardner. A successful all-day meeting on "Day Care - Why the Costs" was held in Fitchburg.

Northeastern District

The primary aim of the district office is to encourage and assist local communities in the achievement of adequate, efficient, modern health services; to serve people by providing a more thorough interpretation of the public health laws; and to inform interested groups of the needs and modern trends in public health.

An institute was conducted on "Nursing Responsibilities for Brain Injured Children." Current Views on Communicable Diseases, Hearing Loss in Children, Epilepsy, New Trends in Drugs and Treatments, Mental Health Implications in a Home Visit, Public Health Nursing Agencies and their Programs, were among the topics discussed at in-service educational programs for local public health nurses through the year. Workshops to interpret the nurses' responsibilities in the tuberculosis program were held and discussion sessions for several nurses new in school health programs were conducted.

One of the nutritionists programmed a series of monthly meetings with a visiting nurse association. An educational meeting on phenylketonuria was provided for the pediatric nurses of the Tewksbury Hospital; another for parents of PKU children on new foods they might use. A three-session in-service education program was organized and conducted in the towns of Andover, Manchester and Wilmington by the dental hygienist. Five students from three Boston schools of social work completed their field work experience in the district. Several in-service education sessions were held with the public health nurses in Haverhill and surrounding areas whose patients use the Haverhill Board of Health tuberculosis clinic service.

At the Lowell State Teachers College a session on "Nutrition Education Resources" was given and at the Salem State Teachers College, a session each semester on "Influence of Culture on Nutrition." Public health field experience was provided to two Boston University School of Nursing students working for their masters degrees.

Workers assigned to the district on the Vaccination Assistance Program held meetings with boards of health of those communities where preliminary surveys were conducted to interpret survey results and to discuss future immunization programming. The district was represented on the project committee of the Home Management Training for the Handicapped Homemaker. On the Migrant Labor Project all of the migrant labor farms were visited and an evaluation of the environmental sanitary aspects of the housing facilities was made to determine compliance with Article III of the Sanitary Code. Close liaison was maintained with local boards of health concerned and they were informed of major violations encountered. An immunization program against tetanus and poliomyelitis was made available to the labor force.

Two members of the staff participated in a development of a project request for a Homemaker-Home Health Aid Program for the Lowell Family Service Association. In an effort to upgrade public health nursing service in the community, and because of obvious duplication of

program areas, the director of the Lowell Health Department and the director of the Lowell Visiting Nurse Association requested a survey of both agencies. A survey report is not yet available. A "Guide for Estimating a Weekly Family Budget to Help Determine Nursing Fees" was updated and will be distributed to the local public health nursing agencies.

The engineering staff made investigations of local sewage disposal and public water supply. The licensing of day care services continued. The structure under which the district health office serves the Crippled Children's clinics was reassessed, and recommendations made relating to pre-admission evaluation, establishment of priority patient lists, smoother functioning clinic sessions, and more effective transmittal of information to other cooperating agencies. The district health officer and public health nursing advisors assisted local public health nursing services to meet certification requirements under Medicare.

Help was given to the Lowell Health Department to expand the tuberculosis clinic from a screening to a follow-up clinic. The need for the equivalent of full-time nursing service in tuberculosis follow-up was discussed with the Tewksbury Board of Health. Representatives of the staff have conferred with representatives of the Middlesex Tuberculosis and Health Association in relation to Tine testing in the public schools and the follow-up of contacts and reactors during the coming year.

Small group meetings with the nurses in Chelmsford, Somerville, and Belmont have resulted in the establishment of manuals for the school program. Three agencies who had never done cost analysis utilized the procedure outline in Ferguson's "How to Determine Nursing Expenditures in Small Health Agencies" and have established a cost per visit. It is hoped that the initiation of the survey of the public health nursing programs in Lowell will result in improved services to their community. A part-time fully qualified person now teaches nutrition and supervises ward experiences at the Tewksbury Hospital School of Practical Nursing. Dietary consultation in some nursing homes is eagerly sought and the guidance offered is enthusiastically followed. The J. B. Thomas Hospital in Peabody and the Addison-Gilbert Hospital in Gloucester now employ qualified dietitians.

The engineering staff plans to develop some short courses for personnel of local boards of health and for other interested parties relative to such subjects as subdivision control and changes to Article XI of the Sanitary Code. All Home Health Agencies will need a tremendous amount of additional consultation to follow through on most requirements for certification. Effort will be made to extend the institution of inter-agency referral and reporting systems to other hospitals and agencies involved.

Assistance will be given to the Emerson Hospital in establishing an effective public health nursing program; to the communities of Wilmington, Burlington and Billerica in their effort to purchase nursing service from other sources; and to strengthen the beginning interests of Tewksbury and Carlisle boards of health in providing adequate board of health nursing services.

Southeastern Health District

The district office serves three main purposes: 1) to carry out and coordinate certain direct service programs of the Department, 2) to assist in other programs of the Department providing service to local communities, and 3) to provide general assistance and consultation to local boards of health and other health agencies.

A new Crippled Children's Clinic was set up at the Lakeville Hospital. Patients come from the Attleboro, Taunton, Middleboro and Plymouth areas.

The implementation of the Medicare Program occupied most of the nursing advisors' time during the latter part of the year. All of the home health agencies were visited at least once to acquaint them with the conditions for certification.

On the day care licensing program, review and processing of applications, consultations, and service on the intra-departmental committee continued. Almost all of the centers which were given provisional licenses the first year of the program have now fully complied with the regulations and were recommended for regular licenses.

Health educators on the Vaccination Assistance Program have been actively working with local boards of health stimulating interest in immunization work.

The district office participated in the measles vaccine distribution and many boards of health held clinics in the spring. Polio vaccine distribution has also continued.

During the past year there has been a further increase in the amount of direct service provided to local communities, both in the amount of service given in the programs already in operation, and by the addition of the Medicare certification work. The central office has provided more of the intense type of consultation work. The Maternal and Child Health Division finished a survey of the maternal and child health services in Fall River for the City Health Department.

The nursing home inspection program was stepped up this year. The engineering staff has had increased requests for assistance in subsurface sewage disposal problems and installations. The sanitarians have assisted in the engineering work for the most part, and in the summer inspected recreational camps.

Western Regional Headquarters

The purpose of the Western Regional Headquarters is to encourage and assist communities singly or in union to develop health plans that will meet the needs that arise with changes in modern life, and to maintain the various public health services to the communities.

Nursing homes were classified, in addition to regular inspections for licensing and re-licensing. As part of the rheumatic fever project, a laboratory for the rapid identification of streptococcus isolated from throat cultures has been established in the Department of Microbiology of the University of Massachusetts. Stream pollution by domestic and industrial wastes continues as a problem for the sanitary engineers, as do solid waste disposal, subsurface sewage disposal, water supply, and air pollution in the Greater Springfield area.

Among the problems in food and drug control are the contamination of milk with penicillin, conditions relative to precooked frozen foods and salads and their bacterial contamination.

In preparation for Medicare, emphasis has been on the development of Home Health Services; nursing and the several therapies. All known regular day care services have been licensed. Pediatricians are now attached to all the clinics for crippled children. In April "A Day in Orthopedics" was held at the Wesson Memorial Hospital in Springfield. Another activity was a Cleft Palate Seminar for school speech therapists and school and other nurses held at the Speech and Hearing Center of the University.

A project was developed in Springfield for the high risk maternity case and her infant, also an infant immunization surveillance project with three hospitals in the area, physical therapy projects at the Monson State Hospital and the Belchertown State School and considerable work in schools in the field of dental health and in nutrition.

In addition to assistance given communities in the planning for home health services under Medicare, the staff has been called upon to help several communities in the planning of their own health programs: Northampton for the job description and qualifications of a health officer; Chicopee for the expansion of its program with Federal funds; Holyoke in the creation of a multipurpose center in a deprived area; and the Central Berkshire area in the development of a comprehensive health service based on a study conducted by the Massachusetts Committee for Children and Youth.

An Institute in the fall will be geared to re-training dietitians for work in nursing homes. It is planned to make studies in the epidemiology of certain diseases. There will be continued effort to improve the quality of bedside nursing service and preparation for the future requirement of public health nursing supervision, participation in the study and evaluation of different methods which local agencies have developed to provide their second service, development of mechanisms for the provision of nursing and therapeutic services to the 30 communities not now covered, and planning with local agencies and hospitals toward the future goal of making all rehabilitation services available to all citizens.

Work will continue with the Franklin County Public Hospital on the development of their Rehabilitation-Home Care Program, and on the preparation of a grant application for this.

Effort will be made to develop course work in early childhood education at the University of Massachusetts and the community colleges and to offer educational, nutritional and other consultation to local Head-start and other day care programs funded under the Office of Economic Opportunity.

There is need for formal studies in follow-up of low birth weight babies and follow-up of infants reported as having congenital deformities.

Civil Defense Section

The responsibility for the Medical Service of the Massachusetts Civil Defense Agency was formally assigned to the Department of Public Health of the Commonwealth of Massachusetts on January 3, 1955 by virtue of Executive Order No. 25. Within the Department, reassignment was made to the Bureau of Local Health Services in which a Section on Civil Defense was established.

The sharp increase in the number of trainees in the Medical Self-Help Program is noteworthy and it is altogether likely that the inertia regarding the program has been overcome and that the momentum gained may be of a sustained nature resulting in increased enrollment from year to year. As noted, this program fares best in the school systems, public and parochial. It is here that stress must be placed and every modality used to advance the course. This should not be done at the expense of the adult population but a weakness is found in this group which seems unyielding to any form of persuasion.

The formulation of a utilization plan between the Massachusetts Civil Defense Agency and the Massachusetts Hospital Association for the Packaged Disaster Hospital is a forward step in that established hospitals are asked to assume responsibility for the administration and staffing of the Packaged Disaster Hospital subject to the approval of specified civil defense persons.

All pre-1962 Packaged Disaster Hospitals stored under the Pre-positioning Program have been brought up to a 30-day operating capacity. Eighty hospitals are now in position, increasing hospital bed capacity by 16,000 or about 23% above present hospital beds in the State.

Nursing Section

The objectives of the Nursing Section are to promote the highest quality nursing service and to secure a more equitable distribution of public health nurses throughout the State, so that eventually such service will be available to every citizen of the Commonwealth.

With the additional functions provided by Medicare legislation, the Nursing Section now has, for the first time, an officially designated Assistant Director of Public Health Nursing Services; and in the districts a position of regional nursing advisor has been created to coordinate nursing services in the region as they affect the home health services.

A high percentage of nursing agencies are without qualified supervision to assist with program planning and evaluation of services. A statement of policy on nursing supervision has been formulated, approved by the Public Health Council, and distributed to each home health agency.

The Nursing Section in cooperation with the Training Center for Comprehensive Care at Lemuel Shattuck Hospital, developed a workshop for nursing supervisors from home health agencies who needed additional knowledge and skills because of the requirements set forth by the conditions of participation in Medicare. This program was made available to the other New England States.

In order to have accurate data on what was presently available for home health services, the Section participated in a survey of the State. On June 30, 1966, one hundred and forty-six home health agencies were recommended for certification out of a possible 217 agencies.

With the acquisition of Federal monies to assist home health agencies to meet the conditions of participation, the Nursing Section assisted agencies in the development of requests for grants and was represented on the review committee for the recommendation of agencies for these grants..

The Fall River Health Department requested a survey of its maternal and child health services, which was done. The agency has since made the following changes: equalized the prenatal clinic case-load in three local hospitals; increased payment to qualified physicians by a substantial amount; organized well-child conferences as a part of the ambulatory service of hospitals; improved reporting of services rendered by the voluntary nursing agency to the official agency.

A conference with "hospital teams" -- administrator, obstetrician, pediatrician, and nurses from maternity and new-born services, was held to discuss New Concepts in Maternity and New-Born Care. Thirty-one teams attended and future conferences have been requested.

The nursing services in the hospital services have worked on the implementation of recommendations made by survey groups from a special State management group, and from the Joint Commission on Accreditation of Hospitals and Division of Hospital Facilities on Health Insurance Program Conditions of Participation for Hospitals, and on an increase in the amount and kind of planned in-service education for nursing personnel.

Nurses will assist with the interpretation of new legislation on family planning and begin to plan for the inclusion in educational programs of the new concepts of family planning and the potential for nursing service.

Nursing consultation will be provided to home health agencies certified with correctable deficiencies and those which have not yet been certified. In areas where no nursing service exists, work will begin with representative groups to assist them in providing nursing service for their uncovered area.

Educational programs will continue for public health nurses and others in order to provide for increasing quality nursing care to individuals and families in their homes. At least two, three-day workshops for supervisors working in home health agencies will be provided. Nursing services between hospitals, extended care facilities and home health agencies will be further coordinated.

Nutrition Section

The objectives of the Nutrition Section are: to strengthen the effectiveness of the nutritionist as an integral part of the public health team so that she can function successfully in the wider field of health, education, and welfare; to stimulate in professional colleagues and the public an awareness of the importance of the preventive, as well as the therapeutic aspects of nutrition; to develop useful tools for evaluating services.

Maternal and Child Health. Having a full-time nutritionist on the staff has facilitated obtaining recognition of the importance of the nutrition component in Maternal and Infant, Children and Youth, and special projects, and has made it possible to define needs, locate resources and integrate nutrition into original planning.

Medicare. In order to provide dietary consultation for medical and extended care facilities, the Nutrition staff has cooperated with the Massachusetts Dietetic Association in making a survey to determine manpower resources and present and potential needs.

Low Income--Anti-Poverty. In cooperation with the Massachusetts Dietetic and the Massachusetts Home Economics Associations, the entire Nutrition staff participated in a three-day workshop on Working with Low-Income Families. This gave an excellent opportunity to acquaint home economics teachers and others with the services and materials which Department nutritionists can provide. A large display of available resources was assembled for the workshop and later exhibited at State meetings of several other professional groups. As a follow-up of this workshop, two new pamphlets -- "Getting Your Money's Worth in Food" and "Milk for Everyone" -- in simple language for people with low reading ability, were prepared by the Nutrition staff.

Head Start. The Nutrition staff assisted in the orientation courses for about five hundred Headstart teachers. They gave consultations on organization and operation of snack and noon feeding programs, food needs and meaning of foods, together with methods of encouraging the 4 to 6-year-old group to try unfamiliar foods. They also gave mothers of Headstart children help in food buying, meal planning, and food preparation to conserve nutritive value. The Chief Nutritionist assisted the Boston School Department in planning its project for six home economists to work with the mothers of Headstart children. Later these leaders were provided with nutrition teaching aids and materials.

The Massachusetts Consumers Council, an agency of the Governor's Office, requested help from the Nutrition Section several times during the year, following a State-wide meeting at which Mrs. Esther Peterson, of President Johnson's staff, urged better services for consumers. A nutritionist was provided for a meeting of twenty-five home economics teachers from communities in the Central District. An article on costs of food was written for the Quarterly Report of the Massachusetts Consumers Council.

New approaches to nutrition service included the development of talking records for blind diabetic patients, with a program for distribution and for testing the effectiveness of the method of teaching. The staff also cooperated in an on-going city-wide program for diabetic patients and families.

Because of the pioneering efforts of Massachusetts in the detection and treatment of phenylketonuria, the PKU staff nutritionist has accepted appointment as a member of the dietary protocol committee for the National PKU Study.

In addition to the usual participation in the training of undergraduate students and dietetic interns, the outstanding educational effort this year was the sponsoring of two, three-day institutes for New England dietitians and nutritionists. One, funded by Maternal and Child Health, was on Human Relations, in which the staff of the Boston University Human Relations Center cooperated. The other, on Atherosclerosis, Diet and Community Consultation was co-sponsored by the New England Chapters of the American Heart Association and the Public Health Service Center for Comprehensive Care, Boston.

At the request of the Children's Bureau a week of observation of the PKU program was set up for a Swedish dietitian.

In-service education has aimed at improving effectiveness in human relations, understanding the disadvantaged, and learning new methods of approach to various situations. Awareness of the importance of nutrition has been stimulated in professional colleagues in various ways. The Department institutions have been assisted in improving their food service along lines recommended by the Task Force. A job description for the position of Institution Food Service Specialist was prepared for Dr. McHugh. Preliminary discussions on strengthening nutrition services in the newly organized Boston Department of Health and Hospitals were held. Qualifications for recruiting personnel were set, and standards for dietary services in nursing homes developed.

A new leaflet, "The Public Health Nutritionist," which was prepared for a United Community Service Health-O-Rama, is being widely used to give the public, as well as professional workers, a broader understanding of the services of nutritionists. The greatly increased demand for nutrition leaflets and teaching materials shows a growing public awareness of the importance of nutrition.

Two evaluation tools have been developed for use with a computer and are being tested. They are report forms for activities of the Nashoba nutritionist and for dietary consultations in nursing homes.

Data from surveys of dietitians and nutritionists will be used in recruiting personnel to work in agencies providing services under Titles XVIII and XIX and Special Projects, and in providing refresher courses.

Department nutritionists will cooperate with the New England Dairy and Food Council in a Weight-Watch Program for health professions and will continue cooperation on in-service education for teachers on the introduction of the revised nutrition handbook and on working toward uniform, sound nutrition training for each of the health sub-professional groups.

More nutrition leaflets and teaching aids will be developed for use with disadvantaged families and in training of neighborhood workers.

A request has been made for a 12-month nutrition traineeship with emphasis on maternal and child nutrition, to be funded by Maternal and Child Health and open to nutritionists with public health graduate training but no public health experience.

Division of Maternal and Child Health Services

The Division is concerned with the quality and quantity of health services available for mothers and children and utilized by them.

Earnest efforts have been directed toward initiating maternity and infant care projects throughout the State. The Boston project is progressing rapidly. The first draft has already been completed and reviewed by the planning committee. Maternity and infant care project grant requests have been planned with Springfield and Cambridge. Haverhill, Lawrence, Brockton and Fall River health agencies have also shown interest in setting up their own programs.

The amendment to the law concerning payments for hospital care of certain premature infants became effective on December 19, 1965. Payment for the hospital care of infants born to unwed mothers who are residents of Massachusetts became the responsibility of the Department at that time. New policies and procedures were established within this Division to handle these cases.

Newer concepts in Maternity Care was the theme of a two-day conference held last fall, sponsored jointly by this Division, the Academy of Pediatrics, and a number of other agencies.

A Lead Poison Prevention Program has been established, and a preliminary investigation to ferret out cases of lead poisoning is being carried out.

The program of consultation with licensing personnel and day care owners has continued. Over thirty classes to fulfill licensing requirements have been organized.

School health program promotion continues. Two major areas were emphasized: the first was development of a comprehensive, year-long in-service training program for the entire staff of the South Hadley School

System, a demonstration which might be used as a prototype for offerings to other communities in the State. The second project was the organization and development of an Ad hoc Committee on Smoking and the Schools.

Reports compiled by the Statistical Unit were sent to Children's Bureau. Program evaluation and studies were conducted in relation to maternal deaths, fetal deaths, premature infant care, school health, rheumatic fever control activities and services for handicapped children.

Emphasis on the detection and care of sensory impairments has of late received attention on the national level, and to some degree Massachusetts programming reflects these new attitudes.

Services for crippled children during the year had the usual 10% increase in case load. A new orthopedic clinic was established at Lakeville Hospital. The PKU program was expanded to include other inborn errors of metabolism. Many of the families from the crippled children clinics, as well as those referred from other sources, received chromosome studies as well as genetic counselling.

Chapter 265 of the Acts of 1966 revised legislation pertaining to family planning, to become effective August 8, 1966. The Division will establish an advisory committee to participate in over-all planning of the program.

It is intended that in-service training involving community licensing personnel and day care owners be carried further so that not only day care owners but also the communities in which they work may understand the program.

In the year ahead we expect to bring together the resources and leadership within our Commonwealth for guidance to the schools in defining their role in family life education programs. Increasingly public school staff feel that they should assume some responsibility in this area. Their major questions presently revolve around what they should teach and at what grades.

BUREAU OF HOSPITAL FACILITIES

Division of Hospital Facilities

As required by legislation, the functions of the Division consist of the inspection and licensure of hospitals and sanatoria, college and school infirmaries, and clinics and dispensaries. Specific regulations apply to blood banks. In accordance with existing legislative requirements, the Division is also responsible for approval of corporation charters for hospitals and sanatoria, clinics and dispensaries.

The broad purpose of the inspection and licensing program is to provide adequate standards of care in all licensed facilities by educational and regulatory procedures. Registration and approval of such sources of ionizing radiation as x-ray facilities in the offices of general practitioners and x-ray specialists, as well as other diagnostic and therapeutic sources, are now required by legislation.

Other functions recently added to the Division include certification of hospitals and independent x-ray laboratories under the Medicare Program.

Certification of hospitals under the Medicare Program has been the most important new development in the program of the Bureau of Hospital Facilities. It was necessary first of all to provide the Social Security Administration with a complete inventory of all hospital facilities. This was followed by a program of survey and inspection, which necessitated a detailed analysis of facilities and personnel in all non-accredited hospitals. Hospitals accredited by the Joint Commission on Accreditation of Hospitals had to present evidence concerning the development of utilization review plans. To facilitate the program of certification, two certification clinics, one in Springfield and one in Boston, were conducted by the Bureau. There was practically one hundred per cent representation of general hospitals. By the end of the fiscal year, the bulk of the initial certification program had been completed.

Area-wide planning continues as an important activity of the Bureau. Rising costs of hospital care and shortages of key personnel emphasize the urgency of better hospital planning. This program was highlighted this fiscal year by the Governor's conference on hospital planning, throughout which there was great emphasis on the need for area-wide planning and its implementation. The Bureau continues to cooperate with the Massachusetts Hospital Association in coordinating hospital service areas and encouraging area-wide planning. With respect to hospital licensure, it has become evident that there is need for additional professional personnel in order to keep up with the many activities which are necessary in order to maintain quality medical care.

The control of cross-infection continues to be an important function. As last year, Salmonella and staphylococcal infections are the most frequently reported causes of cross-infection in hospitals. During the past

fiscal year at least four major Salmonella outbreaks were investigated.

With respect to the Division's formal educational program, in addition to the two certification clinics mentioned above, an institute on "Microbiology of the Hospital Environment" was conducted at the Carney Hospital. Two days were devoted to this meeting, which was attended by 561 persons.

The Bureau's program in radiological health protection, associated with medical users of ionizing radiation, becomes increasingly active. Primarily, emphasis is being continued toward surveys of diagnostic x-ray units, particularly those in the offices of practicing physicians. A survey through the mail, in cooperation with the Massachusetts Medical Society, brought to light many installations previously unknown to the Department. Added programs this year consist of registration of x-ray units in veterinary offices and in the offices of podiatrists.

Responsibility has also been assumed for certification of independent x-ray laboratories under the Medicare Program. This function, too, will grow in importance as the Medicare Program becomes stabilized and strengthened.

During the fiscal year 1965-66, the major new activity of the section on hospital survey and construction was the survey of all general hospitals under the new modernization program of the Hill-Harris law. The State Plan under this new law has been completed and approved by the Public Health Service. In Massachusetts, as in other states, difficulty is developing in connection with the new Federal formula developed to establish bed need under the Hill-Harris Program. It appears that many high priority areas will be permitted to add few, and in some cases no, new beds, in spite of exceedingly high occupancy rates. This paradoxical situation is a direct result of the new Federal formula developed in the latest amendment of the Hill-Harris Program. The same problem develops in connection with the addition of chronic disease beds, since it appears that many Massachusetts hospital service areas are over-bedded. New beds under this program can be added only if non-conforming proprietary nursing homes cease to operate. It is obviously impractical to expect proprietary facilities to cease their operation in order that they may be replaced by new facilities operated under voluntary auspices. In the Boston area it appears that only thirty new beds may be built in general hospitals under the Hill-Harris Program. No consideration is given in Boston to the large proportion of admissions (fifty per cent) that come to Boston hospitals from outside the Boston area and from outside of Massachusetts. These difficulties, it is hoped, will be corrected this coming fiscal year.

Utilization review programs have to be evaluated during the first year of the Medicare Program, and the Division must continue to supply consultation services to hospitals in order that they may retain their certification.

It is hoped that more time can be devoted to rules and regulations for the several hospital classifications included within the licensing program.

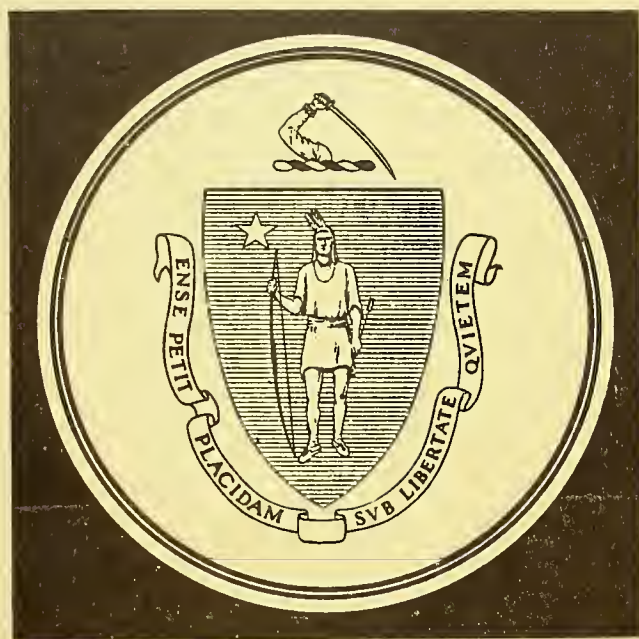
It is anticipated that a course on the control of cross-infections in hospitals will be given, in cooperation with the Communicable Disease Center, aimed primarily at physicians who are members of infectious control committees.

The development of a licensing program for chiropractors may mean a new source of facilities to be surveyed.

It is hoped that difficulties with the Federal formula for new-bed construction under the Hill-Harris Program will be corrected.

Material will be gathered from hospitals for a patient-flow study to provide statistical information for local area-wide planning groups, for the Hospital Survey and Construction Program and for the Division's use in its Medicare activity.

The Commonwealth of Massachusetts



■ FIFTY - THIRD ■ ANNUAL REPORT

of the

MASSACHUSETTS:
Department of Public Health.

■ July 1, 1966 - June 30, 1967 ■

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53rd ANNUAL REPORT

of the

Mass. DEPARTMENT OF PUBLIC HEALTH.

July 1, 1966 - June 30, 1967

STATEMENT OF MASSACHUSETTS

DEC 29 1967

STATE HOUSE, BOSTON

MASS. OFFICIALS

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TABLE OF CONTENTS

	<u>Page</u>
Administration	9
Adult Health	41
Alcoholism	42
Budget	40
Civil Defense Section	56
Communicable Diseases	44
Dental Health	46
Drug Addiction Rehabilitation Board	12
Food and Drugs	49
Health Education	16
Health Statistics	13
Hospital Facilities	66
Hospitals, Department	
Lakeville Hospital	71
Lemuel Shattuck Hospital	47
Massachusetts Hospital School	72
Pondville Hospital	73
Rutland Heights Hospital	73
Tewksbury Hospital	74
Western Massachusetts Hospital	75
Laboratories, Institute of	68
Legislation	
Passed by 1966-1967 Legislature	28
Recommendations for 1968 Legislation	37
Local Health Services	54
Massachusetts Committee on Children and Youth	14
Massachusetts Health Research Institute, Inc.	15
Maternal and Child Health Services	63
Medical Care	18
Nursing Homes and Related Facilities	47
Nursing Section	56
Nutrition Section	57
Public Health Council	4
Regional Health Offices	59
Research, Development, and Professional Training	20
Regulations Promulgated by Department	22
Sanitary Engineering	51
Social Work Section	58
Training Center for Comprehensive Care	15
Tuberculosis Control	71
Venereal Diseases	44

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

June 30, 1967

Commissioner of Public Health, Alfred L. Frechette, M.D., M.P.H.

PUBLIC HEALTH COUNCIL

Alfred L. Frechette, M.D., M.P.H., Chairman

Francis B. Carroll, M.D.	1964-1967	John H. Knowles, M.D.	1964-1970
Bernard B. Berger, M.S.	1966-1968	Samuel Kovner	1960-1971
Ralph E. Sirianni	1963-1969	John P. Rattigan, M.D.	1966-1972

Moir E. Nixon, Secretary

OFFICE OF THE COMMISSIONER

Assistant to Commissioner
(Radiological Health)

Gerald S. Parker, M.S.

Division of Medical Care

David R. Kinloch, M.D., D.P.H., Director

BUREAU OF ADMINISTRATION

Division of Administration

Harry W. Attwood, Director

Division of Health Education

Marie F. Gately, M.Ed., M.P.H., Director

Division of Public Health Research,
Development, and Professional Training

F. Randolph Philbrook, M.D., M.P.H.,
Director

BUREAU OF CHRONIC DISEASE CONTROL

Division of Adult Health

Myer Herman, M.D., D.P.H., Director

Division of Alcoholism

Edward Blacker, Ph.D.,
Director of Alcoholism Program

Division of Communicable Diseases

Nicholas J. Fiumara, M.D., M.P.H., Director

Division of Dental Health

William D. Wellock, D.M.D., M.P.H., Director

Division of Nursing Homes and
Related Facilities

Samuel Levey, Ph.D., Director

Lemuel Shattuck Hospital

Harry T. Phillips, M.D., Superintendent

BUREAU OF CONSUMER PRODUCTS PROTECTION

Division of Food and Drugs

George A. Michael, B.S.,
Director and Deputy Commissioner

BUREAU OF ENVIRONMENTAL SANITATION

Division of Sanitary Engineering

John C. Collins, M.S., Director

BUREAU OF HEALTH SERVICES

Division of Local Health Services

Leon Sternfeld, M.D., M.P.H.,
Director and Deputy Commissioner

Regional Health Offices

Southeastern Region
Lakeville Hospital
Lakeville

Benjamin Sachs, M.D., M.P.H.,
Regional Health Director

Northeastern Region
Tewksbury Hospital
Tewksbury

Frederick A. Dunham, M.D., M.P.H.,
Regional Health Director

Central District
Rutland Heights Hospital
Rutland

Gilbert D. Joly, B.S.,
Acting District Health Officer

Western Region
University of Massachusetts
Amherst

Jerome S. Peterson, M.D.,
Regional Health Director

and
246 North Street, Pittsfield

Division of Maternal and Child
Health Services

M. Grace Hussey, M.D., M.P.H., Director

BUREAU OF HOSPITAL FACILITIES

Division of Hospital Facilities

A. Daniel Rubenstein, M.D., M.P.H.,
Director and Deputy Commissioner

BUREAU OF INSTITUTE OF LABORATORIES
Geoffrey Edsall, M.D., Superintendent

Division of Biologic Laboratories

Morton A. Madoff, M.D., Director

Division of Diagnostic Laboratories

Robert A. MacCready, M.D., Director

BUREAU OF TUBERCULOSIS CONTROL

Division of Sanatoria and
Tuberculosis Control

William P. McHugh, M.D., M.P.H., Director

Hospitals

Lakeville Hospital	George L. Parker, M.D.	Superintendent
Massachusetts Hospital School	John J. Carroll, M.D.	Superintendent
Pondville Hospital	Henry W. Kolbe, M.D.	Superintendent
Rutland Heights Hospital	Endre K. Brunner, M.D.	Superintendent
Tewksbury Hospital	Thomas J. Saunders	Superintendent
Western Massachusetts Hospital	Roland R. Cartier, M.D.	Superintendent

ANNUAL REPORT OF PUBLIC HEALTH COUNCIL

Alfred L. Frechette, M.D., M.P.H., Chairman

Submitted herewith is the annual report of the Public Health Council for the fiscal year ending June 30, 1967.

Meetings

Regular monthly meetings were held in accordance with General Laws, Chapter 17, Section 3. In compliance with General Laws, Chapter 30A, Section 11A, notices of all regular and special meetings of the Council were filed with the Executive Office for Administration and Finance and with the Secretary of State.

Meetings of the subcommittees of the Public Health Council on Hospital Problems and Environmental Sanitation were held when necessary during the year.

General Duties

The regular duties imposed upon the Council by General Laws, Chapter 111, Section 3, and other statutes have been carried out. These include the approval and licensing of hospitals, blood banks, convalescent and nursing homes, rest homes, public medical institutions, city and town infirmaries, dispensaries and dental clinics, day care centers, and medical schools and laboratories desiring to obtain impounded animals for scientific investigation, experiment or instruction. These approvals are based upon reports of inspections by members of the Department who ascertain if the facilities comply with the Department's standards for licensure.

Other duties included the certification of laboratories which have taken part in the annual evaluation and have demonstrated their ability to perform satisfactorily certain tests; approval of personnel in the Department, including sanatoria; approval of professional personnel at county and municipal sanatoria which contract with the Department for the care of tuberculosis patients; approval of food regulations and air pollution control regulations of local communities; advice to communities and official agencies relative to sanitary problems of water supply, sewage disposal and nuisances.

Agreements were approved and signed between the Commonwealth, through the Department of Public Health, and the following:

- Tufts University School of Dental Medicine relative to cleft palate and dento-facial deformities project;
- GCA Corporation, Bedford, relative to survey of air pollution within the Metropolitan Air Pollution Control District and Vicinity;
- Singco, Inc., Burlington, (2 agreements) relative to survey of air pollution within the Metropolitan Air Pollution Control District and Vicinity;

Children's Hospital Medical Center relative to supervision of Department's social work students;
Rehabilitation Center of Worcester, Inc., relative to provision of plastic services in the Worcester area on a fee for service basis through the Center's clinics;
Massachusetts Fund for Children and Youth relative to the conducting of research studies and developmental activities in maternal and child health;
Massachusetts Medical Society relative to an expanded perinatal mortality study;
Massachusetts General Hospital relative to provision of social work services to the Children's Developmental Clinic in Cambridge;
Boston University School of Medicine relative to provision of professional personnel in the Ambulatory Care Unit of the Boston Department of Health and Hospitals;
St. Elizabeth's Hospital relative to a newborn infant hearing study;
Beth Israel Hospital relative to a comprehensive pediatric care clinic.

New contracts for the care and treatment of persons with tuberculosis were approved and signed by the Department of Public Health and Boston Sanatorium, Middlesex County Sanatorium, Norfolk County Hospital, and Worcester County Sanatorium.

Department Organization and Personnel

With the passage of the Social Security Amendments of 1965, it soon became evident that additional staff would be required to efficiently carry out the Department's responsibilities under Title XVIII and Title XIX. At its meeting in October 1966, the Public Health Council voted to establish a Division of Medical Care in the Office of the Commissioner. Dr. David R. Kinloch was appointed Director of the new Division, and necessary staff is being recruited.

During fiscal 1967, three major positions in the Department were left vacant through retirements. The following appointments were approved by the Public Health Council to fill these positions:

Morton A. Madoff, M.D., Director
Division of Biologic Laboratories
John C. Collins, Chief Engineer and Director
Division of Sanitary Engineering
Henry W. Kolbe, M.D., Superintendent
Pondville Hospital

Public Hearings

During the year the Public Health Council conducted five public hearings relative to the operation of a local refuse disposal area, licensure of nursing homes, qualifications of an applicant for a nursing home license, and increasing the ceiling rates established by the Department concerning expenses for the care and hospitalization of an infant weighing five pounds or less at birth. As a result of the latter hearing, which was held in Gardner Auditorium on October 25, 1966, the ceiling rate of \$12.00 established by the Department was repealed and a more realistic

rate of reimbursement for care of premature babies established and filed with the Secretary of State, effective April 1, 1967.

Under authority of General Laws, Chapter 111, Section 3, the Director of the Division of Sanitary Engineering conducted hearings relative to landtaking for water supply protection, for sewage disposal purposes, and for the operation of refuse disposal areas. Under similar authority and Chapter 94, the Director of the Division of Food and Drugs held hearings relative to bedding, upholstered furniture, stuffed toys, and uncarbonated fruit beverages. The Director of the Division of Hospital Facilities held hearings relative to amendment of the Rules and Regulations for the Licensing of Dispensaries and Clinics, and Rules and Regulations for the Licensing of Hospitals and Sanatoria; and the Director of the Division of Nursing Homes and Related Facilities held a hearing relative to amendment of the Rules and Regulations for the Licensing of Convalescent or Nursing Homes.

Chapter 713 of the Acts of 1966 amended Section 71 of Chapter 111 of the General Laws and also provided for the appointment of a Hearings Officer in the Department of Public Health. The Hearings Officer would, with the approval of the Commissioner and Public Health Council, hold hearings as provided under Chapter 111 of the General Laws. Since her appointment in January 1967, the Hearings Officer has held approximately fifty hearings relative to the licensing of nursing, convalescent and rest homes.

The information presented at hearings held by Division Directors and the Hearings Officer was submitted to subsequent meetings of the Public Health Council for action.

Regulations

Following public hearings held in accordance with the State Administrative Procedure Act, new regulations were adopted and existing regulations amended as follows:

Rules and Regulations relative to Bedding, Upholstered Furniture and Stuffed Toys	Amended
Standard of Identity for Uncarbonated Fruit Beverages, Ingredients and Imitations Thereof	Amended
Ceiling Rate for the Care of Prematurely Born Infants	
Rules and Regulations for the Licensure of Dispensaries and Clinics	Revised
Article XI of State Sanitary Code titled "Minimum Requirements for the Disposal of Sanitary Sewage in Unsewered Areas"	Amended
Rules and Regulations for the Licensing of Convalescent or Nursing Homes	Amended

Licensure Rules and Regulations for Hospitals
and Sanatoria

Amended

Hospital Survey and Construction

Approval was given to applications from the following medical care facilities for financial assistance from Federal funds allotted to the Commonwealth under the Hospital and Medical Facilities Survey and Construction Act. In some instances these represent additional grants given because of increased cost of construction as evidenced by bids received or because it was found on further investigation that the facility was eligible for additional funds as a percentage of its construction costs:

Franklin County Hospital, Greenfield	\$400,000.
Cambridge City Hospital, Cambridge	400,000.
Melrose-Wakefield Hospital, Melrose	344,000.
Boston City Hospital, Boston	320,000.
University Hospital, Boston	350,000.
Children's Hospital, Boston	305,000.
Massachusetts General Hospital, Boston	400,000.
Boston Lying-in Hospital, Boston	195,060.
Jewish Memorial Hospital, Boston	70,320.
Cardinal Cushing Hospital, Brockton	450,000.
Brockton Hospital, Brockton	450,000.
Union Hospital, Lynn	68,255.
New England Deaconess Nursing Home, Concord	199,200.
Wesson Memorial Hospital, Springfield	450,000.
Ludlow Hospital, Ludlow	319,361.
Leonard Morse Hospital, Natick	374,000.

The Federal funds allotted to the Commonwealth under the Hospital and Medical Facilities Survey and Construction Act are divided into various categories, one of which is Rehabilitation. The regulations controlling distribution of funds in the Rehabilitation Category are difficult to meet and, as a result, a sizable balance accrued over the years. During the year a request was received from the Rehabilitation Center in Bath, Maine for financial assistance. The transfer was agreed to by the Public Health Council, and, with the approval of the Governor, funds were transferred from the Commonwealth to assist the Rehabilitation Center of Bath, Maine.

Personnel

Although the appointment of Dr. Francis B. Carroll terminated on May 1, 1967, no new appointment was made by the Governor and Dr. Carroll continued to serve as a member of the Public Health Council. The membership of the Public Health Council on June 30, 1967, was as follows:

Alfred L. Frechette, M.D., M.P.H., Chairman	
Francis B. Carroll, M.D., M.P.H.	1964-1967
Bernard B. Berger, B.S., M.S.	1966-1968
Ralph E. Sirianni	1963-1969
John H. Knowles, M.D.	1964-1970
Samuel Kovner	1965-1971
John P. Rattigan, M.D.	1966-1972

Acceptance of Report

At a meeting of the Department on November 14, 1967, the Commissioner presented to the Council a report of the Department of Public Health for fiscal year 1967, and it was voted that the report, together with the foregoing brief summary of the activities of the Public Health Council, be approved and adopted as the report of the Department of Public Health for the fiscal year 1967.

FIFTY-THIRD ANNUAL REPORT OF THE COMMISSIONER OF PUBLIC HEALTH

To the Public Health Council:

Gentlemen:

I have the honor to submit the fifty-third annual report of the Department of Public Health for the fiscal year ending June 30, 1967.

BUREAU OF ADMINISTRATION

The Commissioner, in addition to being the executive and administrative head of the Department, maintains continuing liaison with the Executive Department, the Legislature, the voluntary health agencies and local community health agencies. Regular monthly conferences were held with the Division Directors in order to keep fully informed of the various activities being carried on throughout the Department and to assist in formulating Department policies and programs. In the establishment of policy and in making formal and legal decisions of the Department, the Commissioner and the Public Health Council acted jointly.

Members of the Department staff have given considerable time and effort to planning for the twenty-second Assembly of the World Health Organization to be held in Boston in 1969 in conjunction with the Department's Centennial Celebration. In preparation for the Assembly, the Commissioner was appointed by President Johnson, on nomination by the Department of State, a delegate to the Twentieth Assembly held in Geneva, Switzerland in May 1967. At the suggestion of World Health Organization officials, several members of the staff and of the health and medical community also attended the Assembly. The so-called "Boston Group" met daily while in Geneva and appointments were scheduled with WHO staff, sessions of the Assembly (Plenary, Committee and Technical) were attended and all phases of planning for the Assembly investigated. Mr. Thomas Allsopp, Senior Vice President of the Prudential Insurance Company, was appointed by Governor Volpe to serve as chairman of the Massachusetts Committee for the Twenty-second World Health Assembly.

Also in connection with the Department's Centennial Celebration, an agreement between the Department and Clark University, Worcester, was initiated for the preparation of a One Hundred Year History of the Department of Public Health. Work on the manuscript is progressing and a number of conferences have been held by the researcher with members of the Department staff.

On September 6, 1966, Governor Volpe signed into law legislation establishing a Division of Water Pollution Control in the Department of Natural Resources. Since that time numerous meetings have been held with representatives of the two Departments, the Governor's Office, and the Executive Office for Administration and Finance in an effort to resolve many problems encountered by this transfer of responsibility, such as staffing and distribution of Federal monies for water pollution control.

In May 1967 the Department was awarded two sizable grants in the area of maternal and child health: through the Department of Health, Education and Welfare, Public Health Service, a 15-month grant in the amount of \$1.7 million to conduct a Maternal and Infant Care Project; and through the Department of Health, Education and Welfare, Children's Bureau, a grant in the amount of \$750,000 for a Children and Youth Project. The larger of the two, the Maternal and Infant Project, will provide over-all preventive health services and medical care to "high risk" patients (pregnant women and infants) in Charlestown, North Dorchester, Roxbury, South End, Jamaica Plain, and Brighton. The services will be provided through obstetrical, and where indicated, pediatric units at Boston City, Beth Israel, Boston Hospital for Women Lying-in Division, St. Margaret's and St. Elizabeth's Hospitals. The services, beginning with prenatal care for the mother, will be continued for the infant to age one year. The Children and Youth Project will function in the Brighton-Allston section and in portions of Jamaica Plain and Roxbury, with services being provided at Children's Hospital Medical Center and St. Elizabeth's Hospital. Infants born in the areas covered by the Children and Youth Project will be transferred from the Maternal and Infant Project and will be provided with preventive health services and medical care through age 21 years.

The Assistant to the Commissioner (Radiological Health) has coordinated the programs that are being carried out in the medical, dental, environmental, and milk and food fields of radiological health. The Assistant to the Commissioner (Radiological Health) was elected Chairman of the New England Radiological Health Committee, which is responsible for the coordination of the radiological health services in the Departments of Health of the six New England States. The New England Compact on Radiological Health has been signed into law in Maine, New Hampshire, Vermont and Rhode Island, and has been passed by the House of Representatives in Massachusetts. A New England Interstate Radiation Incident Plan is being drawn up by the Assistant. A Public Health Service supported research facility has been established at Pondville Hospital to study new radiation dosimetric tools as well as methods to reduce unnecessary exposure to ionizing radiation to the general public.

Lemuel Shattuck Award

The Lemuel Shattuck Award is presented annually by the Massachusetts Public Health Association for outstanding accomplishments in the field of public health. On March 30, 1967, the Commissioner of Public Health was presented this award for contributions to the betterment of public health practice in the New England area. The citation described Dr. Frechette as physician, public health administrator, teacher, citizen volunteer, elected official and leader who has served effectively, imaginatively, vigorously and enthusiastically, sharing willingly of his vision, skill and knowledge.

Boards and Commissions

Under various statutes the Commissioner of Public Health is ex officio a member of various boards and commissions, including the Health and Welfare Commission, Advisory Council on Home and Family, Commission

on Aging, Rehabilitation Commission, Advisory Council on Alcoholism, Milk Regulation Board, Water Resources Commission, New England Interstate Water Pollution Control Commission, Advisory Council on Hospital Surveys and Construction Planning, Approving Authority for Colleges and Medical Schools, Approving Authority for Schools for Training of X-ray Technicians, Interagency Council on Mental Retardation, Drug Addiction Rehabilitation Board, Urban and Industrial Renewal Advisory Council, Weather Amendment Board, Pesticide Board, Board Regulating Installation of Gas Piping and Gas Appliances in Buildings, Board of Trustees of the University of Massachusetts, Board of Rate Setting for Convalescent or Nursing Homes and Rest Homes, and Special Legislative Commissions as established.

The Commissioner personally attended as many meetings as possible and designated appropriate staff members to attend others, so that the Department was represented at all meetings of these boards and commissions.

Medical Panels

General Laws, Chapter 32, Section 6, authorizes the Commissioner of Public Health to appoint chairmen of medical panels to review applications from and examine State and municipal employees applying for disability retirement. The chairman of each panel, insofar as is possible, must be a physician skilled in the particular branch of medicine or surgery upon which the application for disability retirement is based. The other two members of the panel are selected by the applicant and the local retirement authority.

New applications for disability retirement during fiscal year 1967 numbered 595. Because of inability of one or more panel members to fulfill their obligation, 75 of these applications had to be processed twice, 17 were processed three times, four were processed four times, five were processed five times, five were processed six times, and one was processed a total of nine times before a medical panel was obtained.

Under General Laws, Chapter 32, Section 89, widows of firefighters, police officers and certain other employees whose work involves considerable risk may apply for an annuity. In such cases the Department designates the third member of a board appointed to determine whether or not the death of said employee was the result of an injury received in the performance of his duty. Annually about fifty such applications are received and processed.

Rating Board

The State Police Retirement Board, under General Laws, Chapter 32, Section 26, interviewed five officers who had applied for retirement because of injury received in line of duty. After examination of the applicants and review of their records, the Board recommended approval of all applications. One of the applications had been considered in July 1966 and disapproved. In September of 1966 the case was reconsidered and approved.

Drug Addiction Rehabilitation Board

The Board was created by statute to establish a program for the treatment and rehabilitation of drug addicts, to coordinate the services and activities of agencies of the Commonwealth and its political subdivisions in the treatment and rehabilitation of drug addicts, and to cooperate with agencies of the Federal Government in developing and coordinating such programs.

The treatment program currently consists of three units: 1) a detoxification ward, night hospital ward, and out-patient clinic at Boston State Hospital; 2) a detoxification ward, dormitory, and out-patient clinic at Massachusetts Correctional Institution at Bridgewater; and 3) a full-time out-patient service located at 20 Whittier Street, Roxbury, conducted by the City of Boston Department of Health and Hospitals.

During the year another ward was opened at Boston State Hospital, adding eight beds and expanding office and out-patient facilities and interviewing rooms.

The out-patient service in Roxbury opened in September, with a staff of a psychiatrist as clinical director half time, a full-time social worker, a secretary, a clinical attendant, and a Commonwealth Service Corps volunteer. The unit at Bridgewater opened in January of 1967, structured to handle male addicts needing a long period of in-patient treatment. The research section expanded its activities to include these two new units.

It is the philosophy of the Board that the general public should be educated to the dangers of drug addiction and abuse. In implementing this philosophy, speakers have appeared at high schools, colleges, medical schools and hospitals. Many requests have been received from professional bodies, asking for seminars and institutes on the treatment and rehabilitation of drug addicts. A number of local colleges have requested the Board's assistance in structuring day-long institutes on the hazards of using narcotics, dangerous drugs and hallucinogens. Training seminars have been requested for other professional disciplines and for correctional groups. Community action organizations and civic groups have also contacted the Board about presenting local programs on drug addiction and abuse. There seems to be a decreasing hesitancy on the part of communities to admit that they have a drug addiction problem.

Research effort has two broad goals: 1) to obtain information of both a statistical and a substantive nature on the drug problem that will be useful to the Board in its administrative and clinical planning; and 2) to carry on long-term research that will increase knowledge of the problem and contribute to the functioning of the treatment facilities. Studies are being carried out in several areas, including a continuing survey of drug dependence and abuse in the State, a study of the patients and the treatment process at the Boston State Hospital unit, the initiation of both extensive and intensive research on patients treated at the Whittier Street clinic, and the introduction of preliminary stages of data collection at the Bridgewater unit.

At the Whittier Street clinic, patients entering treatment are administered a series of standardized psychological tests, from which a profile of each patient can be developed for comparisons with other groups. Two other dimensions are explored in depth, the sociological and the psychodynamic, in an attempt to isolate the more important variables and determine the nexus between them. Drug dependence and abuse are becoming widespread at several socio-economic levels and it is important to understand the relationship between the social context in which the drug abuse takes place and the psychological processes involved in the individual illness.

At the Bridgewater unit, the treatment program consists of weekly group therapy meetings, individual counseling, and the development of good working habits. High on the priority list for the future is the development of education courses for addicts who have not obtained a full high school education. Close contact with the families of the addicts has been instituted, with regular visits encouraged and advice and consultation given by the social worker to ready the family for the return of the addict.

The Boston State Hospital unit has clarified its goals of treatment. Each patient is assessed with two questions in mind, how far can the patient be educated toward acquiring useful work skills and using them constructively in the community, and how much support does he need in maintaining sobriety and controlling his need for dangerous and illegal drugs. Most patients show improvement in terms of social behavior but need continual medical and psychiatric care to control their illegal drug use. One of the most promising programs has revolved around the rehabilitation of a number of addicted parolees. The encouraging successes have depended on the close cooperation between the unit staff, parole officers and work counselors. The staff continues to participate in conferences and educational programs sponsored by schools, churches and other organizations on State and community levels. The unit participated in a national conference to standardize a record-keeping system for drug addiction treatment centers throughout the country.

Health Statistics

The Legislature in 1964 transferred certain duties relative to vital statistics from the Secretary of the Commonwealth to the Commissioner of Public Health for administrative and research purposes connected with health programs and population studies. During the past fiscal year, the first report was published under the auspices of the State Department of Public Health. The statistics represented the output of a computer program including the capability of providing information on deaths due to any specific cause or causes of death, and tabular presentations delineating total deaths by age group, sex, color, and marital status. In addition, tabulations based on births, deaths, fetal deaths, marriages and divorces, with a primary emphasis upon resident data, were compiled for epidemiologic, demographic, and historical purposes.

Following publication of this document, additional modifications further expanding the flexibility and informational output capability of the system were developed to produce: detailed classification of fetal deaths by cause, sex, and color; resident live births and fetal deaths by

age and color of the mother; live births and fetal deaths by residence, color, and sex; resident immature live births and fetal deaths by age and color of the mother; resident live births by age, color, and marital status of mother; and resident live births by age of mother and weight of infant.

In addition, the Health Statistics Unit now routinely provides reports and/or copies of records to services within the Health Department; Harvard School of Public Health; Massachusetts Perinatal Mortality Study; Rescue, Inc.; and other State agencies for planning, development and research purposes.

Massachusetts Committee on Children and Youth

The committee is composed of one hundred and eighty Massachusetts citizens who, as professionals or laymen, have distinguished themselves by their interest and action in behalf of children, young people and their families; and, as members of the committee, continue to do so. Research, education and consultation services are available to legislators, public and private agencies, groups of citizens, and communities which want to raise the level of direct services for children and youth through the improvement and coordination of existing programs or the establishment of new ones.

A detailed, but preliminary plan, for a Regional Board of Health in Central Berkshire County (Pittsfield and fifteen surrounding towns) and a tentative staffing pattern and budget for providing services have been developed. A survey of health services for children and youth in New Bedford, Fairhaven, Acushnet, Freetown and Dartmouth is underway.

A thorough review of the program of the Division of Maternal and Child Health and its Services for Crippled Children has been completed and transmitted. Assistance has also been given to the Department on the Medicaid Program, including formal agreements with the Department of Public Welfare.

All bills relating to health services and medical care filed in the General Court and in the Congress have been reviewed and written analyses and comments prepared on many. The bill for the re-organization of the public welfare system was supported, as was the bill for re-organization of the Youth Service Board and the Division of Youth Service.

A Day Care Conference on "What Opportunities Does Your Community Provide for Children?" was held in Worcester, at which copies of the report on "Day Care for Children in Massachusetts" were distributed.

An Ad Hoc Committee on problems in adoption practice has identified the major issues and problems confronting adoption agencies and has formulated concrete recommendations for basic changes. The final report will be submitted to the Executive Board for action.

A detailed plan for the administration and program of the community service center proposed in the public welfare legislation is being prepared.

The study of child welfare needs and services in Metropolitan Boston has been completed and published, with over a thousand copies already distributed.

Several efforts now underway will call for continuing major effort in the coming year. Among these may be: continued study and development of maternal and child health and medical care needs and services; implementation of expected re-organization of the public welfare system; implementation of proposals for the re-organization of the Youth Service Board; support for Civil Service reform; publication of reports of the Local Area Project, the Family Interviewing Project, and the Springfield study of social aspects of urban renewal; preparation for the 1970 White House Conference on Children and Youth.

Massachusetts Health Research Institute, Inc.

The Massachusetts Health Research Institute, incorporated on May 21, 1959, was organized in part to conduct studies, research and demonstrations in the various fields of public health and medicine in keeping with the purposes and policies of the Department of Public Health and local health agencies engaged in health research within the Commonwealth. During the period July 1, 1966 and June 30, 1967, the Institute accepted 35 grants and six contracts for a total funding of \$1,159,714. as compared to 26 grants and seven contracts totaling \$879,886. for the period July 1, 1965 and June 30, 1966. A total of 21 grants and one contract totaling \$414,343. was completed during the period July 1, 1966 and June 30, 1967.

During the past year, the Institute accepted the research project entitled "A State Health Department Chronic Dialysis Unit," the over-all purpose of which is to establish a chronic renal dialysis center whose primary purpose will be to form a bridge between the experimental approach to dialysis and the delivery of the treatment to large numbers of patients with irreversible kidney disease. The unit will be operated in the Lemuel Shattuck Hospital, Massachusetts Department of Public Health.

The project entitled "Public Health and Medical Consultation to Project Headstart Health Program in Local Communities" was also accepted by the Institute, its objective being to provide means by which communities can design the medical component of Project Headstart in such a way that a) medical care of high quality is assured to children enrolled in Project Headstart; b) medical care rendered to children will have an impact on access to health services by other members of the family; c) the total community with its health resources becomes aware of the health problems of the poor and committed over a long time to developing resources to meet unmet needs.

Training Center for Comprehensive Care

The Training Center for Comprehensive Care, sponsored by the Public Health Service, was established to promote better out-of-hospital care for long-term patients. At the suggestion of the Public Health Service, it has now placed its primary emphasis on training in the field

of medical care administration, with secondary focus on the up-dating of basic skills for health practitioners.

Thirteen different programs have been offered this year, including workshops for physicians, nurses, health administrators, dietitians and home health aides. A survey is being made of health training in Massachusetts at less than the baccalaureate level. As an outgrowth of the physician training program, the Center has received a grant to develop an Out-patient Center which will offer consultative services to physicians and allied health personnel in the community.

In the future the Center plans to offer training programs in Medical Care Administration and Organization in such areas as home care, out-patient services, consultation, and the role of the team in the care of the patient in the community. The Home Health Aide training program will continue and a core curriculum will be developed for the training of entry-level health workers in dealing with patients in hospitals, nursing homes or at home. A training program is also planned for patients' families in an effort to make easier the transition of the patient from hospital to home.

Division of Health Education

The legislative accomplishments of the past few years on Federal and State levels have precipitated and encapsulated in time major changes in public health programming. Medicare, Medicaid, comprehensive health planning, anti-poverty projects, all have contributed to a major revolution in planning and action. Inherent in these, as well as in other major programs, such as air and water pollution control, is the ability to communicate with professional and consumer audiences and to win acceptance and support through educational methods and techniques. The Division of Health Education is a service unit staffed by technical and professional specialists who provide assistance for departmental communication on all levels and with all audiences.

The health educators assigned to regional offices were involved in a wide range of program activities. Day care agency licensing, vaccination assistance, migrant health and interagency smoking councils were covered by all. In addition, specific regional activities involved the educators in Head Start program evaluation, closed-circuit television programming, local screening clinics for glaucoma detection and comprehensive health planning for a local metropolitan area. The advisor assigned to the central office was chiefly involved as liaison with the State Interagency Council for Smoking and in providing assistance to specialized programs conducted by the Division of Adult Health. One such program was the promotion of the new training school for cytotechnologists opened in Boston through the cooperative efforts of the Department and several hospitals, with funding from the Public Health Service.

The Division of Hospital Facilities of the Public Health Service loaned a health educator to the Rutland Heights Hospital to explore, demonstrate and evaluate the role of such a professional within a rehabilitative unit. This program will function for at least one year and

in the six months of its existence has already given proof of its value.

The Director was involved in many program activities with special emphasis on coordination and cooperation with other public health agencies in the State. Included were membership on the Boards of Directors of the Massachusetts Health Council, the Planned Parenthood League of Massachusetts, and the Greater Boston Chapter of the Massachusetts Heart Association and membership on the legislative committee of the Massachusetts Public Health Association.

Planning for the 22d Assembly of the World Health Organization, scheduled for Boston in 1969, was intensified. The Director was one of a group attending the Assembly in Geneva in May in order to observe activities and to work out the many details which will be required by this highly technical and important international meeting.

In the field of public relations, newspaper features and news stories were released and radio and television programs arranged. Additional features resulted from contacts by newspaper or television staff requesting specific information or news.

The monthly feature article on health - "Your State of Health" - was released to weekly papers throughout the State and continued to receive wide publication. Many of the articles were also used by one of the leading Massachusetts medical journals, which is circulated exclusively to physicians.

"This Week in Public Health" was published weekly and the Department column in the New England Journal of Medicine was continued.

Many printed items for internal and public distribution were prepared by the production service, which operated at maximum capacity.

During the year, the Director was invited to be a member of an advisory council brought together to assist planning for implementation of the Library Services and Construction Act as it affects the various general and specialized libraries in the State. A study of the present situation by Arthur D. Little, Inc. is not yet complete but it is intended to request a complete survey, evaluation and recommendations from the Library Extension Bureau of the State Department of Education. When this is done, it will be possible to formulate specific annual goals for the library.

All new publications issued by the Department were processed through the art unit, which designs format, illustrates by drawings or photographs, and readies composed text for the camera. Exhibits were designed and/or built for major meetings. One such exhibit concerned with the incentive therapy program at Rutland Heights Hospital won a blue ribbon award at the American Hospital Annual Meeting.

During the year, the unit conducted workshops and lectures in communications, education techniques and the development of visual and training-aid materials. A grant proposal was prepared for the Massachu-

setts Hospital School for a twelve-week workshop in television teaching techniques for the school's instructors. The proposal was approved by the United States Department of Health, Education, and Welfare and the workshop started in the Spring, using instructors and professors from the Boston University Schools of Communication and Education.

For the Division of Dental Health, efforts have been concentrated on lectures and workshops for dental assistants, dental hygienists and postgraduate dentists. Overhead projectuals and other supporting visual materials are being developed to be used with a teaching guide being prepared for dental-assistant instruction. It is hoped that this will be used to standardize curricula throughout the Commonwealth.

The film library continued to serve professional training schools and colleges, as well as organizations. As one of the few free sources of films, it is frequently called on by institutions operating on a limited budget.

Consultation was provided on audio-visual equipment and techniques to departmental units and other health agencies. Assistance is given in evaluating and selecting the best type of equipment for a specific purpose. This particular service is very helpful to administrators and agencies who would otherwise have no impartial opinion to guide major expenditures for equipment.

The Comprehensive Health Planning Act will enable this Division, along with all the others, to project goals which will be compatible with the over-all health programming developed for the State.

Division of Medical Care

In October 1966 the Public Health Council approved the establishment of a Division of Medical Care, in the office of the Commissioner, with functions relating to the medical care activities of the Department. Responsibilities include coordination of operating activities, program planning and evaluation, consultation and advisory services, assisting with appropriate in-service training and other educational activities, and planning and stimulating research studies related to medical care.

Major activities were focused on the extension and improvement of existing medical care services and programs and the development of new programs, particularly those related to recent Federal health legislation.

The Governor assigned responsibility to the Department for "establishing and maintaining standards for public and private institutions in which recipients of medical assistance...may receive care or services" and for working with the Department of Public Welfare to "develop....a definition of the primary roles of their respective departments under Title XIX, develop methods of cooperating in the fulfillment of joint functions, and provide for the allocation between them of functions incidental to the fulfillment of these roles...."

The Division participated in negotiations with the Department of Public Welfare which resulted in a cooperative agreement by the two agencies. The Department will establish standards for health care and services, including provision of a list of items of standards of health care and services to be included in the Medical Care Plan of the Welfare Department. The Division has prepared a working draft of a manual of standards and is revising it for approval.

The Department is also to cooperate in developing a fee structure for items of medical care and the Division continues to work with the Welfare Department, the Massachusetts Medical Society, the Dental Society and other professional groups and providers of service in negotiating proper and equitable fees. The Division has also stimulated work on the development of an inventory of health and medical care services in the State.

The Division has coordinated the activities of other Divisions with agencies seeking certification under Medicare, prepared budget recommendations, and served as the liaison with the Social Security Administration. The Division also worked with other Divisions in developing and planning for additional needed services, solving related administrative problems and evaluating effectiveness and progress.

The Division completed and submitted to the Children's Bureau a proposal for a Maternity and Infant Care Project for the City of Boston designed to provide comprehensive maternity care for low-income, high-risk mothers and pediatric care for their infants. The proposal has been funded by the Children's Bureau for fifteen months. The Division has worked with the five participating university hospitals (Beth Israel, Boston City, Boston Hospital for Women Lying-in Division, St. Elizabeth's and St. Margaret's), the Boston Department of Health and Hospitals, the Boston Visiting Nurse Association and other agencies in organizing the program, recruiting personnel, establishing neighborhood clinics, and formulating standards of care and administrative and fiscal procedures.

The Division has worked with the Children's Hospital Medical Center and St. Elizabeth's Hospital on the development of a proposal for a Children and Youth Project. The proposal was submitted to the Children's Bureau as two units and both have been approved and funded. The Division will exercise the Department's responsibility for organizing, supervising and administering both of these units and coordinating the services provided with existing related programs, including the Boston Maternity and Infant Care Project.

The Division has been assisting in the plans for the World Health Assembly to be held in Boston in 1969 and has submitted a suggestion for the subject of technical discussions to be held. The suggestion has been accepted and the Division staff continue in discussion with World Health Organization staff regarding development of the subject - "The Application of Evolving Technology to Meet the Health Needs of People."

In the future the Division will continue to develop a family health advisory program, an intensified and on-going in-service health

training program for the Department of Public Welfare staff and for local welfare workers, completion of a standards manual, development of working relationships between the Department's medical care programs and the Welfare Department's medical assistance programs.

Continuing assistance will be provided to other Divisions in developmental programs on utilization review committees, certification of home health agencies and increased utilization of their services, in-service training programs for Department staff and for administrators of institutions providing services, and criteria to help assign patients to appropriate sources of care.

The establishment of ambulatory clinic facilities by equipping and staffing proposed neighborhood clinics will occupy administrative staff of the Division next year. Attention will be given to the development of additional Children and Youth projects in geographic areas covered by the Boston Maternity Project which do not have provisions for improved care of the babies. The Division will also assist in developing similar projects in other areas of the Commonwealth.

Continuing assistance will be given, as required, to the Secretariat of the World Health Organization.

Division of Public Health Research, Development, and Professional Training

The purposes of this Division are broadly two-fold: 1) to stimulate and promote and at times to initiate research and development within the Department and in other health agencies throughout the Commonwealth; 2) to coordinate, administer or conduct the various training and professional education activities of the Department.

The two-year Residency Training Program for Physicians in Public Health is approved by the Council on Medical Education of the American Medical Association, the American Board of Preventive Medicine, and the Residency Review Committee for Preventive Medicine. This program is offered as partial fulfillment of the requirements for diplomate status in the American Board of Preventive Medicine.

The Apprenticeship Training Program for First and Second Year Medical and Dental Students provides an orientation and introduction to Public Health and to Community or Social Dentistry during the three summer months. The program is supported by a Public Health Service grant. These Public Health Service Internships provide an introduction to or an overview of potential careers in public health.

Through the College Work Study Program of the Commonwealth Service Corps, arrangements were made for the placement of college students within the Department for summer employment and supervised on-the-job training.

A Medical Writing Course for Public Health Nurses was conducted by five educational consultants. A Clerical Training Course and a Supervisory Training Course were held as in-service training for Departmental personnel. They were sponsored by another State agency but

this Division played a recruiting, coordinating and contributory role. Arrangements were made for academic courses, including arrangements for stipends or for academic leave with or without pay, and for other short professional education courses for Departmental personnel.

A few years ago, this Division became active in attempts to develop an interest in and to plan for the procurement and proper utilization of a computer for bio-medical communications in the related areas of Public Health, Mental Health, and Welfare, and to include the needs of the Department of Education. The Division has continued to coordinate developmental efforts along these lines with the Executive Office for Administration and Finance.

Achievement of the developmental goal of a State-wide multi-channel closed-circuit television system has been delayed by the postponement of construction of the Health, Education, and Welfare Building of the Government Center. The tower of this building is to house the studios and one set of four transmitters for the four-channel system. Reception points for the four proposed State-wide 2500 megacycle channels would be: Channel 1 -- all public health activities of the State, including divisions, sections, institutions, and district health offices of the Department; many local health departments; and the School of Public Health; Channel 2 -- all hospitals and clinics and many physicians' offices, medical schools, dental schools and schools of nursing and of other paramedical professions; Channel 3 -- all divisions, sections, hospitals, and mental health clinics and institutions for the retarded, of the Department of Mental Health; offices of psychiatrists and psychologists, and private mental hospitals; Channel 4 -- Department of Education, vocational schools, State colleges, University of Massachusetts.

During the year the Division has cooperated with the New England Postgraduate Institute in its desire to achieve the Channel 2 described above, which, it is hoped, will be administered by the Commissioner of Public Health along with Public Health Channel 1.

During the year the Division has actively cooperated with the Massachusetts Executive Committee for Educational Television in the procurement of an "Engineering Report Concerning the Development of Designs for a State-wide Educational Television System."

Future plans are: to continue and expand the present activities of the Division; to develop trained personnel in the field of electronic data processing; to continue professional education regarding the potential of computer use for epidemiology, program evaluation, and the ongoing programs of the Department; and to continue to seek and develop methods for provision of a multi-channel State-wide television complex for bio-medical communications and education.

Regulations

The following rules and regulations have been promulgated by the Department and are still in effect:

Distribution of biologic products

Adopted 4/9/35; amended 5/14/40; 1/11/49; 12/15/53

Sale of surplus biologic products

Adopted 4/12/49; amended 4/15/53

Use of blood or other tissues for purposes of transfusion

Adopted 1/10/39; amended 4/10/39; 10/7/41; 11/4/41; 9/14/48; 3/11/52; 6/12/56; 7/10/62; 1/12/65

Cancer clinic and service unit values

Adopted 8/12/26; amended 6/14/27; 3/13/28; 1/5/35; 9/14/43; 10/5/43; 11/1/43; 12/14/43; 4/11/44; 1/14/47; 10/18/55

Diseases dangerous to public health

Adopted 1907; amended 12/15/14; 12/14/15; 2/16/17; 4/3/17; 12/18/17; 10/29/18; 11/18/20; 12/8/21; 9/18/28; 6/11/35; 12/10/35; 11/10/36; 2/14/39; 5/1/41; 5/12/42; 4/14/43; 10/5/43; 12/14/43; 1/11/44; 11/3/48

Diseases declared to be dangerous to the public health and reportable

Adopted 1907; amended 12/15/14; 12/14/15; 2/16/17; 4/3/17; 12/18/17; 10/29/18; 11/18/20; 12/8/21; 9/8/28; 6/11/35; 12/10/35; 11/10/36; 2/14/39; 5/1/41; 5/12/42; 4/14/43; 10/5/43; 12/14/43; 1/11/44; 11/3/48

Isolation and quarantine requirements of diseases declared to be dangerous to public health

Adopted 8/9/38; amended 5/13/41; 1/11/44; 11/3/48; 8/12/52; 8/11/64

Conveyance of bodies dead of diseases dangerous to public health

Adopted 7/12/38; amended 8/9/38; 2/14/39

Funerals of persons dead of any disease dangerous to public health

Adopted 8/9/38; amended 5/13/41; 1/11/44

Procurement of impounded animals from animal pounds for purpose of scientific investigation, experiment or instruction, or for the testing of drugs or medicines

Adopted 12/10/57

Treatment of persons exposed to rabies

Adopted 8/10/37; amended 5/13/41

Approval of bacteriological and serological laboratories

Adopted 9/12/39

Manufacture and bottling of carbonated non-alcoholic beverages, soda water, mineral and spring water

Adopted 11/12/35; amended 4/7/36

Uncarbonated fruit beverages

Adopted 5/8/56; amended 3/8/66; 5/9/67

Slaughtering and meat inspection

Adopted 7/9/31; amended 12/10/35; 9/14/43

Poultry slaughterhouses

Adopted 9/14/43; amended 8/6/46

Approval of contracts for the production and distribution of certified milk

Adopted 7/14/36; amended 10/14/36

Frozen desserts and ice cream mix

Adopted 9/11/34; amended 5/8/56; 6/9/59; 12/8/59

Bakeries and bakery products

Adopted 2/14/33; amended 1/10/50

Definition of "pasteurized milk"

Adopted 7/8/41; amended 11/4/41; 6/15/50

Establishments for pasteurization of milk

Adopted 2/12/35; amended 6/15/50; 10/20/53; 6/12/56

Addition of vitamins and minerals to milk, nonfat milk, skimmed milk, fortified nonfat milk, and fortified skimmed milk

Adopted 2/13/62

Standards and definitions of purity and quality of food

Adopted 2/9/37; amended 5/8/56; 11/10/64

Dietetic foods

Adopted 5/12/53

Orange juice drink and reconstituted orange juice drink

Adopted 11/10/59; amended 3/8/66; 5/9/67

Cacao products

Adopted 8/13/57

Licensing of hospitals and sanatoria

Adopted 4/14/42; amended 2/9/43; 12/14/43; 3/14/50; 1/12/65 ; 11/8/66

Licensing of rest homes

Adopted 11/3/48; amended 12/3/57

Licensing of convalescent and nursing homes

Adopted 11/3/48; amended 12/3/57; 11/8/60; 6/9/64; 8/10/65; 6/14/66

Dispensary license

Adopted 1/12/19; amended 5/13/19; 5/10/38; 6/9/64; 12/14/65; 12/13/66

For preventing the pollution and securing the sanitary protection of certain waters used as sources of public water supply

Adopted 10/11/60

Cross connections between public water supplies and fire and industrial water supplies

Adopted 2/9/37; amended 5/12/42; 10/9/51

To prevent pollution or contamination of any or all of the lakes, ponds, streams, tidal waters and flats within the Commonwealth or of the tributaries of such tidal waters and flats

Adopted 8/14/45; amended 10/14/45

Supervision of plumbing

Adopted 6/11/35; amended 8/6/40; 1/10/50; 5/8/56

Operation of plants for the purification of shellfish

Adopted 6/5/28; amended 10/7/41

Enrichment of flour, white bread and rolls

Adopted 11/3/48

Establishing grades of milk

Adopted 5/8/35; amended 11/17/48; 6/12/56

Egg nog

Adopted 6/12/56

Flavored milk

Adopted 6/12/56

Fortified nonfat milk, half and half, standardized milk

Adopted 7/10/56

Cottage cheese

Adopted 7/10/56

Mayonnaise, mayonnaise dressing, mayonnaise salad dressing, salad dressing, french dressing

Adopted 7/10/56

Fruit butter, fruit jelly, preserves and jams

Adopted 7/10/56

Sale of rabbits intended for food purposes

Adopted 5/14/29

Manufacture and labelling of articles of bedding and upholstered furniture

Adopted 11/12/35

Cold storage

Adopted 10/10/33

Dental clinic license

Adopted 8/10/43; amended 6/9/64

Standards for tuberculosis hospitals and sanatoria

Adopted 6/14/27; amended 6/5/28; 8/12/32; 1/17/33; 5/10/38; 10/21/48

Police station houses, lock-ups, houses of detention, jails, houses of correction, prisons and reformatories

Adopted 1910; amended 4/8/30; 6/15/48

Subsidy for the hospitalization of the tuberculous

Adopted 5/11/20; amended 6/5/28; 2/14/33; 3/13/34

Minimum requirements for tuberculosis dispensaries are defined by Department of Public Health

Adopted 4/6/15; amended 7/11/16; 11/7/19; 7/14/25; 4/11/33

Active tuberculosis and methods of determining it in certifications made by boards of health and physicians

Adopted 12/11/56

Responsibility of superintendent or director of a tuberculosis hospital

Adopted 5/14/57

Hospitalization of patients with chronic rheumatism

Adopted 5/8/45

Reporting and control of venereal diseases

Adopted 12/18/17; amended 5/12/18; 6/11/18; 3/11/19; 11/12/23; 10/1/25; 10/8/29; 1/14/30; 1/14/36; 8/9/38; 4/11/44; 11/3/48

Treatment of persons suffering from venereal diseases who are unable to pay for private medical care

Adopted 2/14/33; amended 8/10/37; 8/9/38; 9/12/39; 11/6/40; 4/13/48; 11/3/48

Issuance of premarital medical certificates

Adopted 4/11/50

Physical examination of school children

Adopted 3/11/52; amended 8/25/53; 3/9/54; 2/14/56

Plastic bags and plastic film

Adopted 4/12/60

Disposal of containers of poisonous substances

Adopted 4/12/60

Administration and dispensing of harmful drugs

Adopted 2/14/61

Standards of identity and purity for Chlortetracycline to be used in the manufacture of Chlortetracycline Ice

Approved 11/10/59 and 12/8/59

Labelling of receptacles containing Benzol (Benzene), Carbon Tetrachloride and other harmful substances (approved jointly with Department of Labor and Industries)

Adopted 6/12/56

Sanitary Code, Article I, "General Application and Administration"
Adopted 9/15/60

Sanitary Code, Article II, "Minimum Standards of Fitness for Human Habitation"
Adopted 9/15/60; revised 12/12/61

Sanitary Code, Article III, "Housing and Sanitation Standards for Farm Labor Camps"
Adopted 10/11/60

Sanitary Code, Article IV, "Sanitation Standards for Recreational Camps for Children"
Adopted 11/7/61; amended 5/14/63

Sanitary Code, Article XI, "Minimum Requirements for the Disposal of Sanitary Sewage"
Adopted 1/9/62; revised 5/15/62; 4/12/66

To prevent pollution or undue contamination of the atmosphere within the Metropolitan Air Pollution Control District
Adopted 7/11/61

To control the radiation hazards of radioactive materials and of machines which emit ionizing radiation
Adopted 2/13/62

Bedding, upholstered furniture and related products
Adopted 5/15/62; amended 9/12/63; 9/13/66; 5/9/67

Regulations relative to storage and distribution of frozen foods
Promulgated by Director of Food and Drugs, effective 8/1/60; amended 11/10/64

Regulations promulgated by Director of Marine Fisheries
Approved for sanitary requirements 4/13/42; 12/10/57

Regulations promulgated by the Director of Marine Fisheries relative to permits and certificates issued for the sanitary control of the shellfish industry, and relative to the sanitary condition of scallop operations
Approved 7/11/61; 9/19/61

Standards of admission, treatment, transfer and discharge of tuberculosis patients
Adopted 2/12/63

Hospital or sanatorium treatment standards for tuberculosis
Adopted 2/12/63

Sanitary Code, Article VIII, "Minimum Standards for Developed Family Type Camp Grounds"
Adopted 5/14/63

Regulations relative to devices
Adopted 4/9/63

Regulations for day care services for children

Adopted 12/10/63

Regulations relative to the identity, manufacture and sale of frozen dietary dairy desserts

Adopted 1/14/64

Sanitary Code, Article VI, "Minimum Standards for Swimming Pools"

Adopted 4/14/64

Sanitary Code, Article X, "Minimum Sanitation Standards for Food Service Establishments"

Adopted 1/1/65

Regulations relative to fish and fish products

Adopted 4/12/66

Standard of identity for baked beans

Adopted 11/9/65

Regulations governing transparent and semi-transparent wrappers and coverings

Adopted 11/9/65

Regulation relative to Care of Prematurely Born Infants

Adopted 11/8/66

Legislation

The following legislation of particular interest to public health was passed by the 1966 Legislature and enacted into law:

Acts of 1966 (July 1, 1966 - September 6, 1966 and December 5-28, 1966)

- 420 - An act making the Director of Civil Defense a member of the Advisory Council on Radiation Protection.
- 431 - An act providing for an increased allowance for earnings of a person pensioned or retired for disability.
- 439 - An act increasing the scope of the study by the Metropolitan District Commission of the diversion of excess water from Millers River into Quabbin Reservoir, and extending the time within which said Commission shall complete its study and file its report.
- 458 - An act providing for deductions from wages or salaries of State or County employees for certain payments to credit unions.
- 469 - An act authorizing the Commonwealth, the political subdivisions thereof, and water companies to acquire or sell emergency sources of water supply throughout the year nineteen hundred and sixty-six.
- 478 - An act directing the Metropolitan District Commission to construct a relief sewer in the City of Malden.
- 479 - An act authorizing the City of Peabody to borrow money for sewerage, sewerage treatment and sewerage disposal purposes.
- 486 - An act authorizing the towns of Mattapoisett and Marion to enter into agreements concerning the supply of water to each other.
- 489 - An act authorizing the Commissioner of Public Health to dispose of the Rutland Hospital property.
- 495 - An act relative to services for mothers bearing children out of wedlock.
- 501 - An act providing for the establishment of community clinical nursery schools for retarded children of preschool age, requiring cities and towns to pay the cost of transporting to such schools and providing that the State reimburse cities and towns for one half of the cost.
- 509 - An act providing that the time during which reserve or permanent-intermittent police officers or fire fighters or call fire fighters are on their respective lists shall count as full-time service under the contributory retirement system.
- 510 - An act extending the boundaries of the Dracut Water Supply District.
- 521 - An act requiring that certain wholesalers of stuffed toys be licensed.
- 527 - An act relative to the age of an applicant for limited registration as an assistant in medicine.

- 535 - An act abolishing the Division of the Blind in the Department of Education and establishing in place thereof a Commission for the Blind, and transferring to said Commission all powers, duties and functions formerly exercised by said Division of the Blind.
- 552 - An act authorizing the Department of Public Health to make certain rules and regulations relative to ambulances.
- 556 - An act clarifying the State Retirement Law with regard to the disposition of the account of a deceased member.
- 557 - An act exempting from the income tax law the income from an annuity, pension, endowment or retirement fund of any other State government.
- 572 - An act authorizing the Department of Public Health to sell steam and chilled water to the proposed Northeast Water Pollution Control Laboratory of the Federal Government.
- 578 - An act reducing the time before compensation shall begin to be paid under the Workmen's Compensation Act.
- 583 - An act exempting certain physicians and nurses from civil liability in carrying out public health programs.
- 584 - An act increasing the payments under the Workmen's Compensation Act for specific injuries.
- 585 - An act exempting absolute alcohol for scientific and certain other purposes from taxation regardless of size of container in which it is sold.
- 590 - An act to provide for a capital outlay program for the Commonwealth.
- 591 - An act authorizing superintendents of hospitals in the Department of Public Health to establish programs for training of residents in medical specialties, and to grant fellowships to said residents.
- 599 - An act providing for the temporary registration of certain nurses to practice nursing.
- 600 - An act to correct an existing inequity relative to the computation of retirement allowances of certain employees.
- 603 - An act authorizing the trustees of the University of Massachusetts to purchase and renovate certain property in the City of Boston.
- 614 - An act defining the term "Charitable Home for the Aged" and providing for the licensing and regulation of such homes.
- 622 - An act providing for membership in a retirement system of certain employees whose salaries are derived from Federal grants made to the Commonwealth or to any political subdivision thereof.
- 624 - An act establishing the Advisory Council on Home and Family.

- 635 - An act relative to the salaries of certain officers and employees of the Commonwealth.
- 640 - An act providing for the assessment of cities and towns for patients sent to the Bristol County Hospital and Nursing Home for the Aging.
- 647 - An act providing for the instruction and training of children with certain learning impairments, and reimbursing cities, towns and school districts for expenses incurred in connection therewith.
- 649 - An act increasing the amount of money authorized for the construction of a State Health, Welfare and Education Service Center.
- 661 - An act providing for cost-of-living increases in pensions, retirement allowances and annuities payable to certain retired employees of the Commonwealth and its political subdivisions.
- 671 - An act extending the dates of termination of certain acts relating to the rights and privileges of veterans.
- 676 - An act establishing a Designer Selection Board in the Executive Office for Administration and Finance.
- 679 - An act increasing the Minimum Fair Wage Rates.
- 685 - An act establishing a Water Pollution Control District in the Department of Natural Resources.
- 687 - An act providing for an accelerated water pollution control program.
- 700 - An act relative to the exemption from taxation of certain property used for the abatement or prevention of water pollution.
- 709 - An act in addition to the General Appropriation Act making appropriations to supplement certain items contained therein, and for certain new activities and projects.
- 713 - An act providing for the appointment of a hearings officer in the Department of Public Health to hear certain matters relating to convalescent or nursing homes, rest homes or charitable homes for the aged, and for other purposes.
- 735 - An act establishing a comprehensive program of mental health and mental retardation services.

Resolves of 1966 (July 1, 1966 - September 6, 1966 and December 5-28, 1966)

- 48 - Resolve providing for an investigation and study by a special commission of the laws of the Commonwealth regulating the manufacture, transportation, storage and sale of alcoholic beverages.
- 49 - Resolve providing for an investigation and study by a special commission relative to the existing state laws and programs affecting persons afflicted with chronic diseases.

- 53 - Resolve increasing the scope of the special commission established to make an investigation and study relative to the feasibility of establishing a public authority to alleviate the problems of solid waste disposal and all matters relative thereto.
- 57 - Resolve increasing the scope of the special commission established to make an investigation and study of the problems of air pollution, noises and other menaces to public health and safety affecting the area surrounding the General Edward Lawrence Logan International Airport.
- 65 - Resolve continuing the investigation and study by the Water Resources Commission relative to water resources in the towns of Braintree and Randolph and the surrounding area.
- 66 - Resolve providing for an investigation and study by a special commission of the condition of dental health, especially among children, and of appropriate measures toward eliminating dental decay, including the fluoridation of all community water supplies.
- 80 - Resolve providing for an investigation and study by a special commission relative to requiring a preference in the purchase of supplies and materials for the Commonwealth in favor of supplies and materials manufactured within the United States.
- 83 - Resolve providing for an investigation and study by the Advisory Council on Education relative to education facilities within the Commonwealth and certain other related matters.
- 84 - Resolve further increasing the membership and scope of the special commission established to make an investigation and study relative to retarded children and the training facilities available therefor.
- 91 - Resolve increasing the scope of the special commission established to make an investigation and study of the laws of the Commonwealth regulating the manufacture, transportation, storage and sale of alcoholic beverages.
- 102 - Resolve providing for an investigation and study by the Department of Public Health, the Department of Commerce and Development, the Metropolitan District Commission, and the Central Massachusetts Regional Planning District relative to the collection and disposal of sewage in certain municipalities in the County of Worcester.
- 109 - Resolve increasing the membership of the special commission established to make an investigation and study of the laws of the Commonwealth regulating the manufacture, transportation, storage and sale of alcoholic beverages.
- 110 - Resolve providing for an investigation and study by a special commission of the problems of water pollution in the Commonwealth, and the laws thereof relating to water pollution.

Acts of 1967 (January 4 - June 30, 1967)

- 9 - An act further extending certain provisional appointments and temporary transfers for a limited period.
- 15 - An act providing for an appeal to the Department of Public Health in cases of revocation by a local health department or board of health of licenses to conduct day care services for children.
- 25 - An act extending the time within which certain appeals may be heard by less than a majority of the members of the Civil Service Commission.
- 29 - An act providing that the Health and Welfare Commission shall have one member who shall represent the Massachusetts Psychological Association.
- 40 - An act making a corrective change in the law relative to the definition of certain cheeses.
- 41 - An act making a corrective change in the law relative to the establishment of bacterial standards of milk by local boards of health.
- 48 - An act requiring the installation of coin-operated telephones in certain convalescent or nursing homes.
- 49 - An act providing that the law relative to harmful drugs shall apply to amyl nitrite.
- 51 - An act authorizing the Department of Public Health to designate shellfish areas as contaminated for certain specified periods or seasons of the year.
- 53 - An act authorizing nonprofit hospital service corporations to contract with Lemuel Shattuck Hospital for certain care in addition to hospitalization.
- 55 - An act providing for the appointment of a representative of the dental schools and a representative of the Massachusetts Dental Society to the Advisory Committee to the Health and Welfare Commission.
- 57 - An act extending the time within which the Director of Civil Service shall terminate provisional appointments and temporary transfers after the establishment of an eligible list.
- 63 - An act requiring appointing authorities to give notice to certain officers of the change of status of employees in the classified civil service.
- 64 - An act authorizing the correction of inequities in marking civil service examinations.
- 74 - An act making certain corrective changes in the civil service law.
- 82 - An act making a corrective change in certain laws regulating the sale of milk.

- 88 - An act further regulating the placing of the name of certain employees separated from the public service on a re-employment list under the Civil Service Law.
- 89 - An act exempting certain physicians and nurses employed by the Commonwealth or a political subdivision thereof from the Loyalty Oath prescribed for public employees.
- 90 - An act authorizing cities and towns to appropriate money for local programs established under the Economic Opportunity Act of 1964.
- 96 - An act providing for reinstatement of persons within five years after abolition of a position under the Civil Service Law.
- 107 - An act making appropriations for the fiscal year ending June thirtieth, nineteen hundred and sixty-seven, to provide for supplementing certain existing appropriations and for certain new activities and projects.
- 110 - An act providing that the Director of Civil Service may hold certain examinations whenever public convenience requires.
- 112 - An act further defining eligibility for certain promotions under the Civil Service Law.
- 116 - An act prohibiting the disposal of garbage and refuse in coastal or inland waters.
- 118 - An act providing that temporary transfers of permanent employees in the official civil service shall not affect their eligibility for promotion or the serving of their probationary periods.
- 125 - An act relative to the number of eligible applicants necessary to hold a competitive promotional examination.
- 136 - An act increasing the penalty for violation of the law prohibiting the sale of milk shipped into the Commonwealth from a milk plant which has not been inspected and approved.
- 143 - An act requiring a request for a leave of absence and the approval thereof to be in writing under certain conditions.
- 149 - An act relative to the organization of a regional refuse disposal planning board and authorizing it to accept and expend Federal funds without appropriation.
- 154 - An act regulating the sale of certain glue and cement to minors.
- 176 - An act providing that receipt of the allowance payable to widows of certain public employees retired for disability shall not preclude such widows from receiving an allowance based on their own services to the Commonwealth or a political subdivision thereof.
- 184 - An act authorizing the Town of Eastham to supply itself and its inhabitants with water.

- 195 - An act eliminating certain requirements relative to citizenship for applicants for registration as nurses and license as practical nurses, and for certain registered nurses and licensed practical nurses.
- 215 - An act authorizing the Department of Public Health to adopt regulations establishing standards of identity and labeling requirements for frozen desserts and frozen dessert mix.
- 216 - An act further regulating the labelling of oleomargarine.
- 217 - An act providing that the law regulating the use of the word 'native' shall be enforced by the Commissioner of Agriculture.
- 219 - An act requiring ambulance drivers or attendants to obtain certain certificates within a certain period of time.
- 230 - An act relative to the composition of the Milk Regulation Board.
- 241 - An act providing for the annual observance of Cystic Fibrosis Week.
- 252 - An act prohibiting the Massachusetts Hospital School from prohibiting the admission of certain children.
- 276 - An act providing additional funds for the planning, development and construction of the University of Massachusetts Medical School in the City of Worcester, and establishing the Federal Capital Improvement Fund.
- 299 - An act further regulating the practice of professional nursing.
- 307 - An act authorizing a change in the allowable point of diversion of water from the Ipswich River by the City of Peabody.
- 309 - An act further exempting certain physicians and nurses from civil liability in carrying out public health programs.
- 314 - An act making appropriations for the fiscal year ending June thirtieth, nineteen hundred and sixty-seven, to provide for supplementing certain existing appropriations and for certain new activities and projects.
- 343 - An act authorizing the City of Gloucester to obtain water from the Ipswich River.
- 352 - An act to permit regional health districts and boards to provide certain group insurance for their employees.
- 353 - An act facilitating anatomical gifts.
- 356 - An act repealing the law requiring a producer of or dealer in milk to obtain a permit from the board of health of each town in which he sells milk or delivers it for sale.
- 357 - An act to limit the hours of employment of females in rest homes, nursing homes and convalescent homes.

- 374 - An act exempting registered nurses from civil liability as a result of rendering certain emergency care.
- 383 - An act providing that a local governmental unit may pay one half the cost of a premium and the full amount of an additional rate for group accidental death insurance for policemen and firemen who are killed or who die from injuries received in the performance of their duties.
- 391 - An act authorizing the consolidation of the Visiting Nurse Association of Great Barrington, Massachusetts and Stockbridge Visiting Nurse Association, Inc. under the name of Southern Berkshire Visiting Nurse Association, Inc.
- 393 - An act making appropriations for the fiscal year ending June thirtieth, nineteen hundred and sixty-seven, to provide for supplementing certain existing appropriations and for certain new activities and projects.
- 399 - An act making Vietnam veterans eligible in certain cases to take civil service examinations, and to take such examinations notwithstanding the age requirements.
- 400 - An act increasing the retirement allowance of police and firemen who retire under the Veterans Retirement Act.
- 408 - An act amending and clarifying an act providing for cost-of-living increases in pensions, retirement allowances and annuities payable to certain retired employees of the Commonwealth and its political subdivisions.
- 414 - An act making appropriations for the fiscal year nineteen hundred and sixty-eight, for the maintenance of the Departments, Boards, Commissions, Institutions, and certain activities of the Commonwealth, for interest, sinking fund and serial bond requirements, and for certain permanent improvements.

Resolves of 1967 (January 4, 1967 - June 30, 1967)

- 5 - Resolve providing for an investigation and study by the Department of Public Health relative to requiring all hospitals in the Commonwealth of Massachusetts to have a staff doctor available at all times to administer medical services in cases of emergency.
- 8 - Resolve providing for an investigation and study by the Department of Public Health relative to requiring the immediate removal of a dead body from certain establishments.
- 13 - Resolve continuing the investigation and study by a joint board consisting of the Department of Public Health, the Department of Commerce and Development, the Metropolitan District Commission, and the Central Massachusetts Regional Planning District relative to the collection and disposal of sewage in certain municipalities in the County of Worcester, and increasing the membership of said board.

- 14 - Resolve providing for an investigation and study by a special commission of the laws of the Commonwealth relative to the reporting of births, deaths, fetal deaths, and marriages and the issuance of certificates thereof.
- 15 - Resolve providing for an investigation and study by a special commission of programs and facilities for the treatment of alcoholics.
- 26 - Resolve further continuing the investigation and study by the Water Resources Commission relative to the water supply of the Berkshire County region.
- 46 - Resolve continuing the study by the Metropolitan District Commission of the diversion of excess water from Millers River and other sources into Quabbin Reservoir.
- 50 - Resolve providing for an investigation and study by a special commission relative to 'nearby' differential payments to Massachusetts milk producers.
- 52 - Resolve increasing the scope of the special commission established to make an investigation and study relative to the establishment of a State Board of Examiners of Bioanalytical Laboratories.
- 57 - Resolve increasing the scope of the special commission established to make an investigation and study relative to the problems of water pollution in the Commonwealth, and the laws thereof relating to water pollution.
- 61 - Resolve providing for an investigation and study by a special commission relative to the advisability of purchasing kidney machines, so called, to be made available for use in hospitals of the Commonwealth.
- 62 - Resolve providing for an investigation and study by a special commission relative to the feasibility of the Department of Public Health inaugurating a network of health screening clinics for persons forty years of age and over.
- 63 - Resolve providing for an investigation and study by a special commission of the problem of the dumping of oil or other waste materials in the coastal waters of the Commonwealth.
- 66 - Resolve providing for an investigation and study by a special commission relative to prohibiting the sale or manufacture of eyeglass or sunglass frames containing combustible materials and other matters relative thereto.
- 73 - Resolve providing for an investigation and study by a special commission of the need for licensing and setting minimum standards for pet shops.
- 77 - Resolve providing for an investigation and study by the Department of Public Health relative to the clearing of weeds and other growth from certain lakes and ponds in the Commonwealth and other related matters.
- 79 - Resolve reviving and continuing the special commission established to make an investigation and study of the status of women in employment and other areas.

RECOMMENDATIONS FOR 1968 LEGISLATION

Following is the legislation to be submitted to the next session of the General Court by the Department:

1. AN ACT AUTHORIZING AND DIRECTING THE DEPARTMENT OF PUBLIC HEALTH TO CONDUCT A STUDY OF THE POLLUTION OF CERTAIN UNDERGROUND WATERS IN THE COMMONWEALTH.

The incidence of cases where ground water sources of supply have become contaminated and unusable by materials such as road salt (some of which contains toxic corrosion inhibitors), pesticides, industrial wastes and bacteria, is increasing at an alarming rate. When a municipal well becomes polluted, it either involves abandoning the source completely or the installation of some type of treatment. Either solution is expensive. Many communities cannot afford to lose any of their sources of supply because of the lack of other suitable sources of supply, and water shortages are the result.

2. AN ACT DIRECTING THE DEPARTMENT OF PUBLIC HEALTH TO REPORT ON THE PRESERVATION OF PURITY OF CERTAIN WATERS USED AS WATER SUPPLIES WITHIN THE COMMONWEALTH.

The last comprehensive study and report of this type conducted by the Department was done under the provisions of Chapter 67 of the Resolves of 1954.

Since that time many new types of polluting materials, such as road salts and pesticides, have come into general use. There is increasing pressure from conservation and recreation groups to allow greater use of the water and watershed areas of public water supplies for various uses; and there is increasing awareness of the fact, on the part of municipalities, that by providing an appropriate treatment plant it may be possible for communities to dispose of large areas of land once needed for protection of the water supply, and return the land to other uses. Also with the passage of Chapter 685 of 1966, the "Clean Waters Act," all waters of the Commonwealth have been classified as to quality and present and future use, and the water needs of the Commonwealth should be re-studied in this context.

3. AN ACT TO AMEND THE LAW PERTAINING TO THE REGULATIONS OF CROSS CONNECTIONS BETWEEN PUBLIC WATER SUPPLIES AND OTHER WATER SUPPLIES.

There is presently in Chapter 111, a Section 160A very similar to the proposed section. Purpose of this legislation is to clarify and improve the existing law. The main features contained in the redrafting are: a) a re-definition of what constitutes a cross connection; b) an increase in the yearly permit fee from \$10.00 to \$25.00, to more nearly reflect the cost to the Commonwealth in providing the inspections; c) the exemption of other governmental authorities from the payment of the fee. This will eliminate much bookkeeping between public agencies.

4. AN ACT AUTHORIZING THE DEPARTMENT OF PUBLIC HEALTH TO LICENSE INSPECTORS OF BACK-FLOW PREVENTION DEVICES.

Although the Department of Public Health has the responsibility for approving and inspecting all piping cross connections within the State between public water supplies and possible sources of contamination, the Department has been unable to secure the necessary budget to adequately discharge its responsibilities. As an example -- there has been an increase of 165 new installations in the last four years without any increase in manpower to perform the necessary field inspections.

The proposed legislation will allow licensed plumbers to act as agents for the Department in inspecting these piping installations. The cost for the plumbers work will be borne by the person maintaining the cross connections. The Department will continue to issue the permits for the installation and collect the yearly permit fee as set forth in Chapter 111, Section 160A.

5. AN ACT AMENDING THE DEFINITIONS OF MACHINE LOCATION AS IT PERTAINS TO FOOD VENDING MACHINES.

In a study of the vending machine law by the Department of the Auditor, comments were made concerning the inequities in the vending machine law.

In the case of the vending machine law , license fees were considered inequitable in regard to paragraph 4, and the definition of machine location was considered too broad. Recommended amendments to Sections 308 and 309 of Chapter 94 would correct this law in accordance with the recommendations of the Auditor.

6. AN ACT AMENDING THE LAWS PERTAINING TO MANUFACTURERS OF HARMFUL DRUGS WITHIN THE COMMONWEALTH.

In a study by the Department of the Auditor, comments were made concerning the inequities in the harmful drug law.

In the case of the harmful drug law, amendments to the section concerning out-of-state manufacturers were made without bringing Section 187E of Chapter 94 into the same accord. The recommended legislation pertaining to that section would do so by providing the acceptance of registration of the Federal Department of Health, Education, and Welfare in lieu of a license.

7. AN ACT AMENDING THE LAWS PERTAINING TO STUFFED TOYS.

The recommendations for new legislation also contain a proposed amendment to the stuffed toy law. The present law provides for a high initial license fee of \$100.00, with a subsequent annual fee of \$25.00. The initial \$100.00 fee is unreasonable, especially when many of the stuffed toy wholesalers handle very small quantities of stuffed toys in conjunction with their main line of business. Therefore, I have recommended that the initial fee be reduced to \$25.00, with subsequent annual fees remaining at the \$25.00 level.

Amendment of Section 271 of Chapter 94 clarifies the licensing of upholstered furniture and bedding wholesale dealers. Since inspection of one establishment would include the inspection of all products sold by that individual which comes within the scope of the law, it seems unreasonable to require two licenses for the same business, when that business handles the upholstered furniture and bedding as well as stuffed toys. The amendment would clarify this situation.

8. AN ACT RELATIVE TO AUTHORIZING SUPERINTENDENTS TO CONDUCT CERTAIN HEARINGS AND AUTHORIZING THE COMMISSIONER TO DELEGATE CERTAIN RESPONSIBILITIES.

This legislation is proposed to permit superintendents to hold hearings on matters arising out of the Grievance Procedure and Civil Service laws. This act would also permit the commissioner to delegate authority to negotiate collective bargaining agreements.

9. AN ACT RELATIVE TO PUBLIC HEALTH NURSING.

This bill is necessary for local health agencies to meet their responsibilities as providers of service under Public Law 89-97, and would provide flexibility to the health agency, certified as a provider, to meet its financial responsibilities for a second required therapeutic service.

10. AN ACT RELATIVE TO PAYMENT FOR HOSPITAL CARE OF PREMATURE INFANTS.

It is recommended that this amendment be adopted since many cases, now paid for by State and Local funds under the Premature Program, are eligible for Federal Funds under Title XIX, but are denied this assistance because of the existence of the Premature Law.

The addition of this section to the Premature Law, permitting the option of using Title XIX funds in eligible cases, would then effect a savings since only State and Local revenues are used to fund the Premature Program.

DEPARTMENT OF PUBLIC HEALTH

FISCAL SECTION

BUDGET 1966 - 1967GRAND TOTAL - DEPARTMENT AND INSTITUTIONS

<u>YEAR</u>	<u>TOTAL BUDGET</u>	<u>PER CAPITA</u>	<u>TOTAL STATE</u>	<u>PER CAPITA</u>	<u>TOTAL FEDERAL</u>	<u>PER CAPITA</u>
1967	\$39,469,206.	\$7.45	\$33,299,417.	\$6.29	\$6,169,789.	\$1.16

DEPARTMENT - MAINTENANCE

1967	\$19,381,938.	\$3.66	\$13,212,149.	\$2.50	\$6,169,789.	\$1.16
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INSTITUTION - MAINTENANCE

1967	\$20,087,268.	\$3.79	\$20,087,268.	\$3.79	-----	-----
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DEPARTMENT EXPENDITURES 1966 - 1967

	<u>TOTAL</u>	<u>STATE</u>	<u>FEDERAL</u>
<u>Commissioner's Salary</u>	23,000.00	23,000.00	-----
<u>Administration</u>	906,105.87	433,043.98	473,061.89
Mass. Committee on Children and Youth	95,068.96	6,487.17	88,581.79
Drug Addiction Rehabilitation Board	236,629.66	236,629.66	-----
Radiological Health	33,098.53	-----	33,098.53
Medicaid	63,047.47	63,047.47	-----
<u>Training & Research</u>	184,762.35	-----	184,762.35
<u>Environmental Sanitation</u>	763,940.83	725,647.25	38,293.58
Special Projects	37,113.66	37,113.66	-----
Water Pollution Control	155,605.81	-----	155,605.81
Air Pollution Control	172,273.09	91,659.72	80,613.37
New England Interstate Water Pollution Control	9,800.00	9,800.00	-----
Radiological Health	59,008.86	50,134.57	8,874.29
<u>Chronic Disease Control</u>	2,816,735.01	1,835,400.61	981,334.40
Measles Vaccine	217,401.74	217,401.74	-----
Poliomyelitis Vaccine Program	228,500.00	228,500.00	-----
Study Relative to Equine Encephalitis	23,601.08	23,601.08	-----
Vaccination Assistance Project	54,929.07	-----	54,929.07
Radiological Health	25,333.67	19,005.97	6,327.70
<u>Consumer Products Protection</u>	619,860.86	599,756.41	20,104.45
Pesticide Board	19,596.96	19,596.96	-----
Radiological Health	33,386.82	18,823.27	14,563.55

DEPARTMENT EXPENDITURES - 1966 - 1967

CONTINUED

	<u>TOTAL</u>	<u>STATE</u>	<u>FEDERAL</u>
<u>Health Services</u>	2,605,042.74	1,047,294.27	1,557,748.47
Care of Prematurely Born			
Infants	134,708.67	133,708.67	1,000.00
Radiological Health	130.52	-----	130.52
<u>Hospital Facilities</u>	245,839.76	99,690.43	146,149.33
Radiological Health	25,775.22	5,107.65	20,667.57
<u>Tuberculosis Control</u>	4,536,273.07	4,391,786.15	144,486.92
<u>Institute of Laboratories</u>	1,203,567.17	1,093,624.38	109,942.79
<u>Grants in Aid</u>	22,750.00	-----	22,750.00
<u>Capital Outlay</u>	<u>39,610.36</u>	<u>39,610.36</u>	<u>-----</u>
 TOTAL EXPENDITURES	 <u><u>15,592,497.81</u></u>	 <u><u>11,449,471.43</u></u>	 <u><u>4,143,026.38</u></u>

BUREAU OF CHRONIC DISEASE CONTROL

Division of Adult Health

The purpose of the Division is to devise, implement or support measures which aim at preventing the onset of chronic disease and limiting disability resulting from such disease through rehabilitation.

In the program for the detection of cervical cancer, a standard cytology report form was put into operation. Consultation and statistical services were provided to three hospitals in the second year of their detection program. Another hospital and a health department have started programs and nine additional projects are in the development stage. Plans are in progress for the introduction of cervical cancer screening into State hospitals. The Boston School of Cytotechnology has started operation. A physician education program has been funded and successfully carried out in the Holyoke area with the assistance of the Deaconess Hospital cancer staff.

An evaluation of the State Throat Culture Program is in process. Community glaucoma screening programs were conducted and the manual of procedures for them is being revised for better follow-up. A manual of procedures with reporting forms was devised and accepted by the Diabetes Advisory Committee for use in community programs.

Division staff were active in the Councils of the Massachusetts Rehabilitation Commission and the Massachusetts Vocational Rehabilitation Planning Commission. The Division helped to organize the Massachusetts Interagency Council on Smoking and Health. A mail survey of hospitals was initiated to determine attitudes toward the sale of cigarettes. A smoking withdrawal group, 'Smokers Anonymous,' was assisted in methodology and funded. A proposal for 'Emergency Transport of the Sick' was developed for the Governor's Commission on Highway Safety. An exhibit was prepared for the Sixty Plus Festival, with the theme 'Accident Prevention for the Elderly at Home.'

The Division worked for the certification of extended care facilities as well as for continuing consultation to these facilities and nursing homes.

Home health agencies were assisted with the recruitment of qualified therapeutic and social work staff. Statements of function were prepared and distributed. Consultation was provided on the utilization of these services.

Manpower surveys of nutritionists, social workers, and physical, occupational and speech therapists were conducted to determine the availability of full-time or part-time qualified workers for employment by medical care facilities. Survey data are being processed to study pertinent factors relating to the status of professional manpower.

The number of organized Homemaker Services is increasing. To date all of the services receiving initial financial support from the Department are fully funded locally. Training content, methods and sponsorship are being reconsidered. Work is underway to assure adequate nursing supervision of homemakers providing personal care in the home. A State-wide Homemaker Council is being organized. A two-year evaluation study of thirteen agencies is in process.

Community organization specialists on the Division staff have been involved in helping community agencies with the planning of regional home health services, development of comprehensive health services for children and youth and mothers and infants, and consultation on continuation of developmental grants to a limited number of home health agencies.

Community coordinators were also involved in establishing liaison and providing consultation to the Commission on Aging, the Office of Economic Opportunity, Community Action programs, and Model City Planning bodies. A Directory of Health Services is being prepared as fulfillment of an agreement by the Department with the Department of Public Welfare.

A number of community health studies were undertaken, including a resurvey of home health services, utilization of therapeutic services provided by home health agencies, and the effect of a hospital-based public health nurse coordinator on use of a home health agency by the hospital medical staff.

Nineteen community health projects were funded. In addition, the Division was responsible, in collaboration with the Nursing Section, for the management of forty-eight developmental grants to home health agencies.

In the future, disease screening will continue as a major activity. New areas, such as accident prevention and arthritis, will be explored. A model state plan for kidney disease control will be developed. Greater effort will be expended in establishing continuity of patient care between various medical care facilities. Communities will be helped to design and develop comprehensive health care programs.

Division of Alcoholism

According to Chapter 418, Acts of 1959, it is the responsibility of the Division of Alcoholism to 1) establish programs for the diagnosis, treatment and rehabilitation of alcoholics; 2) study the problem of alcoholism; 3) develop and promote preventive and educational programs relating thereto; 4) coordinate the work of all departments and agencies dealing with the care and treatment of alcoholics or with the problems of alcoholism.

Efforts in education this year were concentrated most heavily on preparing school systems to teach effectively about alcohol. The Division has worked on alcohol education programs most intensively with the school systems in Falmouth, Braintree and Manchester, and also with school personnel in the following communities: Mansfield, Boxford-Topsfield-

Middleton (Masconomet Regional High School), Arlington, Hopkinton, Newton, Wayland, and Mendon-Upton (Nipmuc Regional High School).

The goal of the Division in alcohol education is to work with the schools in such a way as to enable the school system to be self-sufficient in its ability to carry out alcohol education programs for all junior and senior high school students. This requires considerable planning with school personnel on all levels and training of teachers. These health education programs carried out through school systems for the teachers are the only means at hand at this time for the primary prevention of problem drinking.

In the area of coordination, the Division continues to develop and promote treatment programs in agencies, public and private, with the goal of increasing the number of resources available to the alcoholic. This past year, a good deal of work has been done with the Lemuel Shattuck Hospital to provide services to the large population of alcoholics hospitalized primarily for cirrhosis of the liver. The stage has been set for training resident physicians at the Shattuck beginning in the Fall of 1967.

The Division is also working with a number of mental health facilities, including the Danvers State Hospital, the South Shore Mental Health Center, the Trinity Mental Health Center, and the Boston State Hospital. There is increasing interest on the part of these and other mental health facilities to develop more effective programs for the treatment of alcoholism.

In treatment, because of recent court decisions, the Division has given considerable attention to finding solutions for handling the problem of homeless alcoholics and developing programs which will substitute a health and welfare approach for the current law enforcement methods. So far there is only one special program of this kind in the State, located in the South End of Boston. This program, called the South End Center for Alcoholics and Unattached Persons, has made it clear that unattached and homeless alcoholics will respond to a medical-social welfare approach on a voluntary basis.

At the seventeen State-supported out-patient alcoholism clinics, physicians, psychologists and social workers saw many new cases in addition to the carry-overs. The Division provided hospitalization for one hundred more patients than last year.

There was a breakthrough with respect to half-way houses. The Division was able to make agreements with half-way houses to purchase their services for alcoholics. Arrangements were made with three half-way houses, two in Worcester and one in Boston, to provide rehabilitation assistance. The half-way house program has been integrated with the out-patient clinic treatment to insure continuity of care.

The four-fold program of education, coordination, research and training will continue. In future years, instead of thinking only of clinics, the Division plans to try to develop comprehensive alcoholism programs in different geographic areas throughout the Commonwealth.

Division of Communicable Diseases

The Division operates two separate and distinct programs, a communicable disease program which is essentially advisory and investigatory, and a venereal disease control program which combines the features of a medical care program and epidemiologic responsibility.

Communicable Disease Program

The most significant achievement during this annual period was the continued sharp reduction in the reported cases of measles. Since our Measles Immunization Program began in October 1965, there has been a 96 per cent reduction in the reported cases of measles. In Massachusetts the measles season begins in October, peaks in April and declines in June. From October 1964 to May 31, 1965, there were 20,843 cases of measles reported; from October 1965 to May 31, 1966, 875 cases were reported; and from October 1966 to May 31, 1967, 310 cases were reported. This represents a reduction of 98 per cent in the reported cases of measles.

A bill has been introduced into the Legislature by the Department requiring that all children entering school be immunized against smallpox, diphtheria, whooping cough, tetanus, measles and poliomyelitis unless there are medical or religious contraindications. The bill, supported by the Massachusetts Medical Society, was passed and signed by the Governor and will be effective December 5, 1967. A form for religious exemption has been prepared by the Division and a representative of the Christian Science Church.

The winter of 1966-67 was a mild winter and Massachusetts was spared from epidemics of influenza. It was expected that even if influenza struck it would be mild in intensity. The winter of 1967-68 should be the big epidemic year for Asian influenza in Massachusetts and the rest of the country.

Mumps has an epidemic cycle every four years. The last outbreak of mumps in Massachusetts was in 1964. Therefore, 1968 should be the epidemic year for mumps. A live attenuated mumps vaccine is expected to be licensed in December 1967. The Division plans to administer the vaccine through local boards of health to school children in kindergarten and grade one.

Rabies control measures have been intensified. Since 1961 there were five cases of rabies in bats associated with human bites. A five-point program has been developed by the Division in cooperation with the Division of Animal Health of the Massachusetts Department of Agriculture, the Massachusetts Medical Society and the Massachusetts Veterinary Association.

Venereal Disease Program

The records clearly indicate that organized and commercialized prostitution is not a major factor in the venereal disease problem in this State. The biggest source of contacts is the pickup and the places of pickup center primarily around taverns, bars and restaurants.

All military selectees discovered to have a positive blood test for syphilis or other evidence of venereal disease have been followed and have been examined by private physicians or at the nearest State clinic. Reports on them have been evaluated and sent to the Induction Board. The Division has also received reports from the military of men separated from the services who need follow-up for these diseases. Military patients have been interviewed for their contacts.

Reciprocity agreements on premarital blood tests have been extended. At the present time, Massachusetts will accept certificates from thirty-eight of the forty-three States having such a law, and twenty-three States have agreed to accept Massachusetts premarital certificates when properly completed.

The training program includes lectures on venereal diseases, social health and communicable diseases, instruction in venereal disease control, films, publications, literature, consultations, and radio and television broadcasts.

The intensified Sero-Reactor and Private Physician Visitation programs have uncovered more new cases of early infectious syphilis.

At the request of the Public Health Service, the Division participated in a national study to determine the incidence of penicillin reactions in venereal disease patients. The results are being tabulated and analyzed by the Public Health Service at the present time.

The Private Physician Attitude study has been completed. A joint manuscript is being prepared with the five other States where similar studies were made. The final draft will be sent to the Journal of the American Medical Association for publication.

A final report has been sent to the Public Health Service on the study of the effectiveness with teen-age audiences of three current films on venereal diseases.

The Curriculum Guide on the Venereal Diseases for use by teachers in the 7th, 8th and 9th grades was completed. Following evaluation at a workshop with seventy-five educators as consultants, the Guide will be published as a public document and will be available to any school system at cost through the Office of the Secretary of State.

The Division is currently engaged in the following applied research studies: Sero-reactor program; military interviewing program; treponema pallidum immobilization study; Reiter protein complement fixation test study; evaluation of the FTA-ABS test; evaluation of the sensitivity of gonorrhea to penicillin; cardiovascular syphilis study; long-term follow-up of chronic biologic false positive reactors; analysis of the type of questions asked by student nurses prior to a six-hour course of lectures on venereal diseases; analysis of the type of questions asked by student nurses prior to a four-hour course of lectures on family life education; congenital syphilis study.

Division of Dental Health

The objectives of this Division are the control of oral diseases and malformations and the control of hazards to health arising from dental treatment procedures through the development of organized systems of dental treatment, preventive dentistry, dental research and dental education.

In the mission for the development of systems of control for the very prevalent oral diseases, the sudden change in Federal attitudes and resulting support for medical care of the disadvantaged citizen has had a profound effect. The inclusion of dental care as a necessary component of comprehensive medical care has made today's realities out of yesterday's theories in matters of dental manpower, auxiliary personnel, dental economics and dental program administration. This Division has found itself in a coordinating role in this area, working with the dental profession, local health departments, and other State agencies to produce a blending of program designs into an integrated whole for public dental service of quality.

The year's developments indicate that Federal support of dental care for special groups through several contending administrative mechanisms poses a real need for a State expediting competency. No coordinating Federal plan has been devised to meet this need so this Division and others of the Department have had to direct attention to this area to a very significant extent and to date have devised principles and mechanisms for controls for quality of service in the broadest sense.

Fluoridation of public water supplies has expanded modestly and clinical application of fluorides in a topical therapy is becoming more widely used by private practitioners. Being intensively researched in the local area are the dietary use of phosphates for caries control, the use of complex fluoride compounds in experimental topical therapy, and an approach in serum immunology for dental caries control. A special legislative commission has been active in studying the methods available for dental caries prevention, with this Division serving its administrative needs. Conclusions from this work will, it is hoped, support an increase of resources in the preventive dentistry field.

Data collected from sensitive population groups suggest collective treatment performance in other than urban areas is meeting a degree of need that controls dental infections to a level well below that of the acute treatment stage. However, dental treatment programs for distressed urban areas have had to take the form of neighborhood centers of relief.

Residencies in dental public health training and apprentice training for undergraduate dental students have been activated and educational guidance in auxiliary personnel training has been given to local vocational schools and integrated professional schools at critical points.

Studies have been made to assure the adequacy of continuing postgraduate educational opportunities for dentists. These studies will produce suggestions for the development of educational resources in this area to assure easy access for dentists to opportunities so essential to the professional in a fast-changing discipline.

Protection of the public from unnecessary ionizing radiation sources in dentistry has been continued. All known sources have been placed under surveillance. Estimates have been made of present public exposure levels from this collective source and exposure levels have lowered with an increase in the diagnostic use of ionizing radiation. Present State regulations seem adequate at this time.

Division of Nursing Homes and Related Facilities

The primary purposes of the Division are licensing and regulation, classification and Medicare certification. Additional activities are consultative, educational and research efforts to assist nursing homes toward effective participation in the Medicare program and the development of standards of patient care beyond the minimal.

Medicare guidelines were developed and distributed to assist nursing homes to attain substantial compliance.

One hundred and nineteen extended care facilities were certified and all nursing homes were classified. Plans were approved for the construction of approximately twenty-five new facilities.

Training programs for nursing home personnel and in-service training programs for Division staff were developed and promoted. The initial phase of the area-wide planning project was completed and the inspectional program was reorganized.

A Federal contract was initiated to analyze the relationships between the cost and the quality of patient care in nursing homes.

Lemuel Shattuck Hospital

The Lemuel Shattuck Hospital is an institution for the active treatment of chronic disease and of acute illness as it occurs in the chronically ill patient.

This year there was a slight decrease in the in-patient census but a greater rate of attendance at the out-patient department than ever before. There was also a growth of certain patient services, laboratory tests, radiotherapy treatments, diagnostic x-rays and rehabilitation services to out-patients.

Certain patient data were studied for indications of the effects of Medicare on the Hospital's services, with the conclusion that there is a tendency to refer patients largely when they no longer have the means to pay for care elsewhere. Medicare support of patients in extended care facilities and nursing homes has slowed down the transfer of patients to such facilities, particularly those patients who are receiving public assistance but are not eligible for Medicare and those who will not be able to afford nursing home care when Medicare benefits are exhausted. This has resulted in some patients having to remain in the hospital after they are medically ready to be discharged.

The Renal Dialysis Unit, developed during the past year, is the newest example of the special services offered by the Shattuck Hospital to patients with chronic disease. The Orthopedic Service has increased its services and is expanding the types of orthopedic sub-specialties available. The Neurology Service is continuing its day-long group exercise program for patients with Parkinson's Disease.

Professional education and training take place in a variety of programs. Some, such as the School for Licensed Practical Nurses and the In-Service Training Program, are integral parts of the hospital organization. Others are based on cooperative affiliations with other medical and educational institutions, including training of resident physicians, medical and nursing students, and some paramedical workers. Several postgraduate courses for practicing physicians are carried out in cooperation with the Training Center for Comprehensive Care.

Research of outstanding quality continues to be carried out, mostly with Federal support in the form of research grants. However, it is anticipated that a nation-wide decrease in available Federal research funds will become more marked in the coming year and other sources of support will be needed.

Members of the staff, aware that it is becoming more and more important for hospitals to function in the perspective of total community health needs, have been increasingly active in seeking out and utilizing opportunities for community service and cooperation with other community agencies. The close relationship of the hospital with the Division of Adult Health enables it to ascertain pertinent areas for emphasis, as well as to provide consultative services. Collaboration with the Training Center for Comprehensive Care in provision of consultations and courses for a variety of persons, from practicing physicians to home health aides, is another means of contributing to health care in the community.

The Statistical Unit has pursued the following objectives: provision of statistical and data processing consultation and service to the divisions of the Bureau of Chronic Disease Control in planning and evaluation service and research programs and projects; development of a population-based tumor registry in South Boston; collection, verification, and processing of data on patients from cancer services and transmission of punch cards with cancer data to the National Cancer Institute; study of end results in cancer patients treated in Boston in poorer socio-economic groups and investigation of the causes of any differences as compared to groups of average income and education.

BUREAU OF CONSUMER PRODUCTS PROTECTION

Division of Food and Drugs

The responsibilities of the Division are in the areas of public health protection pertinent to food and drugs, cosmetics, devices, registration of pesticides, the licensing of cold storage warehouses, bedding, upholstered furniture, and stuffed toys, out-of-State soft drink and frozen dessert plants, methyl alcohol manufacturers, narcotic drug manufacturers, licensing of vending machines, sellers of hypodermic needles and syringes, and licensing of establishments using animals for experimental purposes. The Division also makes analyses of liquors, drugs and poisonous substances for the Department of Agriculture, police officials, the Alcoholic Beverages Control Commission, and the Department of Natural Resources.

Bacteriological analyses for public health law enforcement in regard to the degree of the purity of food supplies have been used by the Division for years. The increase in food processing in supermarkets is receiving attention from the Division and the industry in the development of rules and regulations concerning sanitation in retail food stores. This will require subsequent implementation by the store operators in personnel training.

Milk inspection on a State-wide basis continues but manpower and facilities available to local and State agencies can be more efficiently coordinated.

The inspection of bedding and upholstered furniture has not created any new problems.

The Pesticide Board coordinates pesticide applications from State agencies, licenses pesticide applicators and surveys pesticide application in the environment. The Division also registers pesticides.

Enforcement of the frozen food code shows a steady improvement in the sanitary manufacture of these products.

The rules and regulations pertaining to eating and drinking establishments, in the areas where they are being implemented, have demonstrated that industry and health agencies can work together for the benefit of the consumer.

The Division has accelerated its educational work in regard to the abuse of drugs. Conferences have been held with the office of the Attorney General and the Department of Education to develop a curriculum which can be followed by public schools in fulfilling the legal requirement that all public schools instruct their pupils in regard to the effect of drugs and stimulants on the human body. The police enforcement aspects of the drug control work have been de-emphasized so that more emphasis can be placed on the educational pursuits. The Division continues to support local police agencies in the enforcement of laws pertaining to harmful drugs and narcotics.

Inspection of vending machines shows a steady improvement in the construction of food vending equipment and the maintenance of high levels of sanitation.

The number of narcotic and harmful drug samples submitted by law enforcement sources continues to increase sharply. Complaints on hazardous chemicals are handled but there is no protective preventive program.

The coordinated campaign by State and Federal agencies for reducing Salmonella infections continues. A program is being planned with the Department of Agriculture for a survey of feed sources for poultry, as well as a program for detecting Salmonella on eggshell surfaces.

Changes in the Federal rules and regulations concerning juice products have required a change of pertinent regulations in this Division, which has brought about an extensive packaging change in the juice industry.

The Amherst office has been cooperating with the University of Massachusetts in a surveillance program of food being served at the institution. It has placed emphasis on vending machines servicing the campus.

The student training program has increased. The Division has implemented Federally initiated food and drug recall programs. The radiological surveillance program continues, with the more comprehensive aspects being handled by the Amherst laboratory.

BUREAU OF ENVIRONMENTAL SANITATION

Division of Sanitary Engineering

The activities of all sections of the Division have expanded in the areas of air pollution control, radiological health, community sanitation, water pollution control, shellfish sanitation, and water supply.

The activities of the past year are indicative of the growing concern among the public for good air pollution control programs. This was well documented by the fact that some 40 bills were introduced to the General Court, resulting in the establishment of a special commission on air pollution matters. Other programs and activities were the continuation of several air sampling stations throughout the State and the assessment of the data collected during the Metropolitan Air Pollution Control District survey. Application to the Federal Government was made for improving the Department's program at the State level.

The Metropolitan Air Pollution Control District activities were in the areas of enforcement of the rules and regulations; training programs for operators of hand-fired coal furnaces; observations of stacks violating the visible smoke regulation; recruitment of qualified smoke inspectors; and requests for additional State and Federal funds.

The formation of the Lower Pioneer Valley Air Pollution Control District, which is composed of ten contiguous communities encompassing over 200 square miles and a population of 450,000, is the most significant accomplishment of the past year. Its creation provides the Department with a logical geographic area for promoting an effective multi-municipal air pollution control program based upon a geographic air pollution problem area rather than political boundaries.

Other significant accomplishments of the past year have been the formation of an Ad Hoc Advisory Committee to assist the Department in administering the regional program, and the development of proposed regulations on which a public hearing has been held. The regulations are expected to be adopted by the Department in the near future.

The programs and activities in radiological health performed during the year were in the areas of environmental surveillance; inspection of Atomic Energy Commission licensees; handling of incidents involving radioactive materials; and assistance to other State agencies and boards of health in matters involving ionizing radiation.

The Division has cooperated with local municipal officials and others relative to refuse disposal problems. During the past fiscal year the Division has made examinations of numerous existing or proposed refuse disposal sites and facilities, and made recommendations or advised relative to assignment, location, and/or operation of solid waste disposal facilities and sites. In addition, public hearings relative to solid waste disposal sites have been held under authority of Section 150A of Chapter 111 of the General Laws.

A Planning Grant for Solid Waste Disposal for the Commonwealth under Federal Public Law 89-272 was approved and made available from January 1, 1967. In order to take advantage of this grant, however, it is necessary for the Commonwealth to provide matching funds. Unless such matching funds are approved, the Commonwealth stands to lose the Federal money allocated for this program.

The Division continues to advise and assist local health personnel and the management of food service establishments to realize the importance of and strengthen the food service sanitation programs.

Advice and assistance are furnished to local health authorities and operators of recreational camps with respect to the continuation of the camp sanitation program and the compliance with the provisions of Article IV of the State Sanitary Code. In addition, the Division is involved with programs dealing with migrant labor camp sanitation and family-type camp sanitation.

The Division offers advice and assistance on problems and matters pertaining to insects and rodents. In addition, supervision is given to several mosquito control projects through representation of the Division on the State Reclamation Board.

Advice and assistance continues to be given to local boards of health and other appropriate agencies relative to numerous miscellaneous items including, but not limited to, housing, trailer parks, piggeries, police station and lockups, noisome trades, noise and odor problems, swimming pools, and various articles of the State Sanitary Code.

On September 6, 1966 a large portion of the Water Pollution Control function was transferred from the Department of Public Health to the Water Resources Commission. The Department continues to have responsibility in the area of approval of plans, treatment plant site approval, and the public health aspects of the function. The Division of Sanitary Engineering conducted a complete study of the shellfish harvesting areas in Boston Harbor and increased our surveillance program on the operation of the Newburyport Shellfish Treatment Plant. The rather large function of control of subsurface sewage disposal continues mainly on a decentralized district basis.

The public health supervision of the Commonwealth's public water supply facilities is the one basic statutory responsibility of the Division of Sanitary Engineering which touches most immediately upon the person and health of the individual citizen.

Historically, this Division has from its inception, invested a major portion of its means toward assuring availability of water known to be sufficiently pure and safe for man's direct needs. In the last two decades, with the advent of newer and, perhaps, more exciting programs to control 'new' threats to man's health - like ionizing radiation - and in the absence of increased staff or significant budget expansion, the Division has been forced gradually to diminish that portion of its total effort applicable to water supply control despite the Commonwealth's grow-

ing population and expanding economy. This deterioration has accelerated in recent years.

Consequently, it seems appropriate in this report to depart from the usual format which classifies and lists the numerous water supply projects and activities in which the water supply section has been active during the fiscal year, but rather to outline existing deficiencies which pose a continuing threat to the purity and safety of public water supplies in the Commonwealth.

Accordingly, the report of the water supply section delineates basic deficiencies with respect to the following: 1) field examinations of watersheds of surface sources of public water supply to detect sources of pollution; 2) field examination of water purification plants; 3) in-service training and certification of water works operators in charge of municipal water works systems; 4) cross connection surveys to detect hazardous (illegal) connections to water supply systems; 5) compilation of basic engineering data concerning existing systems in form useful for planning and engineering design.

BUREAU OF HEALTH SERVICES

Division of Local Health Services

The primary objective of the Division is to provide an organizational structure for the promotion and distribution of activities and services of all units of the Department. In so doing, the Division works very closely with the local boards of health and local health departments.

Early in the fiscal year a Division of Medical Care, authorized by the Public Health Council, was created. The coordinating function of medical care, which had been carried on by this Division, was transferred to the new division, which in addition has the responsibility for implementing departmental activities in relation to the Medical Assistance Program administered by the Department of Public Welfare. The Division of Local Health Services continues to have, through the regional offices and the nursing section, direct responsibilities for working with the home health agencies in relation to both Medicare and Medicaid.

During the year emphasis has tended to shift from special maternal and child health projects to the development of comprehensive health and medical care centers in low-income urban areas. A prototype of such a center has been in existence at Columbia Point in Boston for several years. This year an additional center in Roxbury, associated with the Boston University School of Medicine, was approved and funded. Preliminary steps have been taken to develop plans for such a center in Holyoke, involving directly, it is hoped, the medical society of that area. Similarly, developments in Brockton and some ten adjacent communities may lead to the establishment of a comprehensive health center in conjunction with the Brockton Hospital.

The Comprehensive Health Planning Act of 1966, more popularly known as the Partnership in Health Act, authorizes five grants. A formula grant for comprehensive health planning is given to a designated State health agency with the requirement that there be a State-wide planning advisory council, of which more than fifty per cent must be consumers of health services. Project grants for area-wide planning are authorized by this Act and will provide an opportunity for concurrent regional and area-wide planning along with the comprehensive State planning. A third part of the Act provides for project grants for research and training in health planning and the Department has applied for and received a small pre-planning grant under this part. The fourth grant is the most immediately significant, the so-called formula block grant, which replaces ten separate categorical health grants of the Public Health Service. The only limitation is that fifteen per cent of this grant is allotted for mental health activities. The block grant will provide a flexibility which heretofore has been missing. Finally, the fifth grant is a project grant for demonstration of service along special lines and provides an opportunity both to the Department and to local health agencies, as well as to other non-profit agencies, to create imaginatively new ways of providing health services.

In Massachusetts an on-going Health and Welfare Commission was created, consisting of the commissioners of Public Health, Mental Health,

Public Welfare, and the Rehabilitation Commission, along with three gubernatorial appointees. This Commission is charged with over-all coordinated planning for the four departments and will not have any operating responsibility.

Toward the end of the fiscal year, the Division helped to implement a contract between the Office of Economic Opportunity and the Department relating to the administration of a consultation and evaluation service for all the summer "Head Start" programs in the State. The program that was developed jointly with the Massachusetts Academy of Pediatrics involves the use of field teams consisting basically of a private pediatrician and a special health staff person from the regional office, augmented as needed by a State or local public welfare worker and a mental health staff person from one of the mental health centers. This team consults with the "Head Start" project directors and their staffs, particularly their medical and health personnel, and helps them develop a systematic health appraisal and follow-up, using the resources of the community insofar as this is possible. This same team serves to check on the progress that is being made during the course of the summer program and to evaluate the effectiveness of its health and medical care services. It is of interest that the project is directed by one of the regional health directors with the very active full-time staff work of a community-organization person from the Division of Adult Health.

The project concerned with the health of migrant agricultural workers continued for the third year. The project, as heretofore, was concerned primarily with improving the sanitation of the housing for the workers, providing a modicum of immunizations and tuberculin testing, and carrying out a health education program in relation to sanitation and personal health and hygiene. Massachusetts has a comparatively small number of migrant workers and a large majority of these tend to be young men in their twenties who are in relatively good health and do not bring their dependent wives and children with them.

During the fiscal year, three of the four district offices became regional offices with the appointment of two additional regional health directors, one in the northeast and one in the southeast. The pattern of having programs administered vertically by the divisions in the central office rather than horizontally by the district offices has become more pronounced as there has been an expansion of public health activities in, for example, environmental sanitation services, alcoholism control, the vaccination assistance program, and regulatory activities of nursing homes. The comprehensive health planning activities which will be undertaken in the next fiscal year must deal with this problem, as well as with the problem of the role of several types of local health units and boards of health.

Some important changes occurred in local health units. The reorganization of the Boston Health and Hospital Department was fully implemented. In Cambridge a plan was developed and approved combining the Health Department, the City Hospital, and the Department of Public Welfare.

Civil Defense Section

The responsibility for the Medical Service of the Civil Defense Agency was formally assigned to the Department in 1955 by Executive Order 25. Within the Department, assignment was made to the Bureau of Local Health Services.

A draft section of the Emergency Resources Management Plan for Health Resources was submitted to the Federal Office of Emergency Planning for review and recommendations. The plan was acceptable but changes were suggested due to a realignment of Federal thinking on resource management and a desire for uniformity in nation-wide plans.

The Public Health Service has funded to a substantial degree many of the training programs, including Medical Self-Help and Disaster Nursing.

The Commonwealth now has eighty Packaged Disaster Hospitals, stored under an agreement with the Public Health Service. Each has a host hospital, which will have the responsibility of staffing and administration. Funds have been requested for a program of testing for usability many of the items in the Packaged Disaster Hospitals on hand since 1953 and 1954.

The Public Health Service has instituted a project known as Hospital Reserve Disaster Unit, by which a thirty-day reserve inventory of items most frequently used in disasters would be placed for use in 'candidate' hospitals, subject to certain restrictions.

It is anticipated that a start will be made in the next year on testing medical supplies long in storage in the Commonwealth stockpile.

Nursing Section

The objectives of the Nursing Section are to promote nursing service of the highest quality and to secure a more equitable distribution of public health nurses throughout the State.

The Federal Health Insurance Program has stimulated new patterns of regional planning and reduced still further the number of communities without nursing service. Double the number of communities can now provide another therapeutic service to patients. One agency is providing five therapeutic services last year offered by none. The number of agencies providing three and four therapeutic services has doubled and the number providing two has tripled. The number of home health agencies with qualified nursing supervision has doubled.

A set of rules and regulations has been prepared as provided under Chapter 874 of the Acts of 1965 and, if approved by the Public Health Council, will be subject to public hearing next year.

Cooperative planning for home health agencies with the Blue Cross, the fiscal intermediary, has continued. The Section has been asked to work closely with the nurse consultant added to the Blue Cross staff for this program.

The Section has participated actively in the development of the Boston Maternal and Infant Project, as well as the city's two Children and Youth Projects. Assistance has been given in writing the nursing components and developing job descriptions and qualifications for nurses for the projects. The Boston Visiting Nurse Association and the Boston City Hospital and Health Services have given serious consideration to the integration of functions and have agreed on some plans to provide a generalized nursing service with one staff nurse. Public health nurses in both agencies will be given in-service education on functions not formerly assumed.

In cooperation with the Planned Parenthood League, plans are under way for a series of one-day conferences on Family Planning for registered nurses in the State, a program for each health region and one for the Boston area.

Nursing consultation has been given to the 'Head Start' programs. The workshop for nursing supervisors of home health agencies continued, as planned with the Training Center for Comprehensive Care. A joint publication of the Nursing Section and the Nutrition Section has been prepared and the first issue released. Considerable effort has been expended on the implementation of Medical Self-Help in High Schools. Since the inception of the program in 1963, over a hundred thousand individuals have been trained.

Nutrition Section

The Nutrition Section has two purposes. One is to strengthen nutrition services of the Department through improvement in personnel opportunities, more intensive program planning and evaluation, improved cooperative planning with Department nurses, and continuation of support of the Nashoba Nutrition Service. The second is to strengthen nutrition services to the people of the State through improving nutrition services to high risk groups in disadvantaged families, intensifying efforts in weight control and prevention of overweight, and developing a supply of adequately trained nutrition personnel to serve extended care facilities, home health agencies, 'Head Start' and special projects.

During the year members of the staff have participated actively in the work of several professional organizations, including the Massachusetts Public Health Association, the Massachusetts Dietetic Association, the Massachusetts Home Economics Association, the New England Health Education Association, and the Boston and Massachusetts Heart Associations.

All members of the staff participated in professional education for several groups, outstanding in which was public health field experience for graduate students in Public Health Nutrition from the University of North Carolina. Orientation to public health and public health nutrition was given to the new Children's Bureau Therapeutic Nutritionist, to dietetic interns from the Frances Stern Food Clinic and the Peter Bent Brigham Hospital, and to a public health nutritionist from London. The staff also taught sessions in two college nutrition courses and in orientation courses for 'Head Start' personnel. A staff member provided a chapter for a physician's book on Stroke and consultation was given to medical school staff regarding the nutrition component of the new curriculum.

The dietary departments of all the nursing homes applying for Medicare certification were surveyed by trained dietitians who were recruited and oriented and had their work coordinated by the Adult Health nutritionist.

The Report of the Work Measurement Study was completed and the results used as a basis for programming and for future comprehensive planning.

Progress was made in services to disadvantaged families through incorporating a nutrition component into each Maternal and Infant and Children and Youth project plan, and, whenever possible, into plans for other projects, recruiting qualified nutrition staff to implement these plans, and working with auxiliary professions to improve parent education in 'Head Start' programs. New teaching materials have been prepared for use in these programs.

Members of the nutrition staff cooperated with the Dairy Council nutritionists in organizing a program on Prevention of Overweight, co-sponsored by the Department. In the first year of a three-year effort, four one-day workshops were conducted, reaching nutrition and dietary personnel, school administrators and teachers, school and industrial health personnel, community youth leaders and community agencies. A series of six lessons has been organized for leaders of TOPS (Take Off Pounds Sensibly) Clubs, to be repeated in five locations throughout the State.

Cooperative efforts of the Massachusetts Dietetic Association and the Department nutritionists have been successful in recruiting qualified personnel to be dietary consultants for extended care facilities.

Social Work Section

The services of the Social Work Section are directed toward the identification and modification of social, psychological and environmental factors which contribute to health problems or influence the use of health services. The Section discharges its responsibilities as part of an inter-professional group. Emphasis will shift in relation to changing needs and priorities, the availability of personnel, and the changing goals of the Department. Specifically, the Section functions in two capacities, direct social work services through the functional programs administered under the Department and consultation.

The social workers in the hospitals under Department auspices helped patients in discharge planning and in the working through of problems and stresses arising from chronic illnesses, financial insecurity, and social and emotional factors.

Social workers functioning out of the regional health offices provided services in the Crippled Children Clinics and were responsible for the determination of eligibility for clinic services, the development of resources to meet the rehabilitation needs of the child, and casework services to help prevent social and emotional problems.

Social workers were also employed in community hospital settings

providing direct social work services. These workers, whose salaries are paid by the Department, are administratively responsible to the hospitals in which they operate as a member of the hospital team. They work in Alcoholism Clinics and in Children and Youth and Maternal and Infant Care projects.

The social workers were responsible for the follow-up and screening of admissions of all children under three years of age or handicapped children in Day Care centers.

In the regional health offices, the social worker consulted with the staff in identifying relevant social, emotional and economic factors related to health and worked with members of the staff in helping to meet social problems related to health and medical needs.

A social worker attached to the Division of Adult Health consulted with and assisted home health agencies and extended care facilities in setting up guidelines for their own social work staffs.

With the Training Center for Comprehensive Care, an educational program is being worked up for the Fall of 1967, an in-service training program to concentrate on the following areas: the definition of the role of Public Health Social Worker; the social worker as part of an interdisciplinary team designed to meet the total needs of the patient; and knowledge of community resources.

Regional Health Offices

The primary aims of the district offices are to encourage and assist local communities in the achievement of adequate, efficient, modern health service; to serve people by providing a more thorough interpretation of the public health laws; and to inform interested groups of the needs and modern trends in public health. The district office carries out and coordinates certain direct service programs of the Department, assists in other programs of the Department providing services to local communities, and provides general assistance and consultation to local boards of health and other health agencies.

Central District

Through the engineers, Regional Refuse Disposal Planning Committees and a Regional Refuse Disposal Planning Board for Metropolitan Worcester were formed. The latter includes, in addition to Worcester, the towns of Boylston, Grafton, Holden, Millbury, Northboro, Paxton, Shrewsbury and West Boylston. This is a very important step in the constant struggle against the burning at open-faced dumps. In another phase of the waste disposal problem, Metropolitan Worcester's regional sewage study has a Federal grant with matching State funds.

The public health nurses have worked to help educate communities and plan with them to certify home health agencies.

The nutritionist, working with the Food and Nutrition Associates, has conducted programs designed to raise the level of understanding of

problems among untrained food personnel in hospitals and other institutions. The nutritionist, as a committee member, has helped to develop a Workshop for Food Personnel in Nursing Homes and given the sessions on meal planning.

The health educator has worked with a committee from the Central Massachusetts Associated Boards of Health to plan a series of programs to help this group of untrained people become more familiar with the public health problems facing a community.

In the Day Care Program, all the public health personnel in the District have worked with the organized groups on in-service training programs to achieve upgrading of standards on the part of individual owners and their education on a group basis.

Individual conferences and clinic work have been continued by the nurse in the weekly Cardiac Clinic, by the nurse and physical therapist in the monthly Orthopedic Clinic, by the dental hygienists in their rounds of school, camp and Day Care facilities, by the nurse in the Tuberculosis Consultation or Screening Clinics, with new admissions at Worcester County Hospital, and with schools to promote the continued use of Tine testing, and by the nursing home inspectors in their continuing progress in the improvement of nursing and rest home facilities and the certification for Medicare in the nursing home area.

Northeastern Region

In-service education courses were held for local public health nurses, covering such subjects as the mentally retarded and emotionally disturbed child, diabetes in children, referral of children with handicaps, school health, tuberculosis, rehabilitation nursing, and cost analysis. An in-service course for dental hygienists was also conducted.

Activities in the Medicare program have consumed nearly half the time of the nursing advisors, who provided consultation to home health agency staffs and board members on meeting and implementing Conditions of Participation for Certification, initiating Developmental Grant Applications, completing cost studies, writing agreements for second therapeutic service personnel and other concerns of the administration, supervision and delivery of home health agency services. All but three potential agencies have been certified and two will be ready for certification in the near future. Eighty per cent of the home health agencies that received one-year developmental grants have assumed financial responsibility for personnel previously covered by grant funds.

The Migrant Health Project functioned for the third summer, employing a sanitarian, a public health nurse and a part-time clerk in this region. A screening for tuberculosis was carried out and immunizations against tetanus and poliomyelitis made available. Efforts to have farmers comply with the Sanitary Code continued.

Physical therapy consultation services to the Tewksbury Hospital and to home health agencies were initiated on a limited basis.

The Day Care service licensing program progressed. Crippled

Children Clinics were covered, but with limited staff. All staff personnel continued to provide assistance and consultation in their respective capacities to the many voluntary, proprietary and official agencies.

Southeastern Region

Most of the activities of the nursing staff have been concentrated on Medicare and in-service education programs given to home health agencies in regard to the Health Insurance Program. A number of meetings with board members, directors of Visiting Nurse Associations and supervisors were attended. Activities have also been directed toward the Adult Health Service and Homemaker-Home Health Aid Programs. In the field of maternal and child health, the nurses have worked with the Crippled Children's Services and the establishment of School Health policies.

The health educator has been the coordinator of the Day Care program, visiting Day Care agencies to determine their acceptability for licensing. A new problem is the requirement for fire alarm systems, which many of the agencies have not installed. The health educator has been active with 'Head Start' groups planning to open Day Care centers and with some of the welfare program directors who are interested in learning about the Day Care program. The lack of day foster care centers for children under three continues to be a problem. Requests from all-day schools which take children three and four years old have been on the increase. When a request is denied, the children are often placed in unsuitable homes, cared for by unreliable baby sitters, or left completely alone.

The social workers have given most of their time to the Crippled Children's Services and to the inspection and licensing of Day Care facilities.

The nutritionist has continued giving dietary consultation to nursing homes and talks to the Wrentham State School, the Office of Economic Opportunity Management Class, etc. She has given consultation to individuals and groups and has participated in program development and planning of nursing home inspection, and has assisted meetings in connection with Maternal and Child Health programs in Fall River.

The dental hygienist has provided dental surveys among school children of certain towns and has given assistance and consultation as requested.

The health educator was assigned two projects assisting pediatric and welfare assignees in evaluating the health components of 'Head Start.' He helped in the distribution of polio and measles vaccine, the evaluation of the Migrant Labor Program, the outline for a State-wide program of accident prevention, and community planning and education in regard to the sewage disposal plant to eliminate the pollution of Plymouth Harbor.

The nursing home inspectors classified nursing homes, surveyed homes for Medicare and reclassified nursing homes. They also participated in a workshop at Hanson for nursing home owners, in Medicare consultation, and in a seminar for nursing home nurses on the care of patients.

The Migrant Health Project was directed toward two major areas,

camp inspection by the sanitarians and immunization, including tuberculosis testing and administration of diphtheria-tetanus and polio vaccine.

The question of strict tuberculosis control among immigrants in the areas of Fall River, New Bedford and Taunton has been discussed. There is some question about the validity of vaccination certificates in this population and the subject has been brought to the attention of the Quarantine Service and the Division of Communicable Diseases. Control of typhoid carriers has been done by the local health departments. Some new typhoid carriers have been discovered by diagnosing new cases in families and investigating relatives. Polio and measles vaccine distribution has continued.

Western Region

Classification of nursing homes was completed. The three major problems encountered were lack of qualified professional staff, utilization review committees, and transfer agreements between hospitals and nursing homes. Assistance to dietary services increased. Educational programs were conducted for nursing home inspectors and administrators, covering the provisions of Medicare and Medicaid.

Interest was revived in a High Risk Maternity and Infant Care Project for the Springfield-Holyoke area. Several new Day Care services were opened and a three-credit course in Early Childhood Education was offered by a Community College. Negotiations opened for the establishment of a Cystic Fibrosis Clinic under the Crippled Children program.

Orientation programs for newly employed school nurses were conducted throughout the year and consultations given to assist communities in vision and hearing testing.

Consultations with local towns continued on developing home health agencies. Further efforts were made to clarify the use by Berkshire County nursing agencies of the physical therapy and other services of the Berkshire Rehabilitation Center. The proposal of the Franklin County Public Hospital for a Rehabilitation and Home Care Project was prepared.

The health educator participated in the majority of programs, particularly in School Health, Migrant Health, Community Organization and program planning.

The Migrant Health Project was concerned chiefly with sanitary inspections of camps and health education efforts in the camps. For the first time, community interest was shown in migrants and an "Operation Friendship" was established, to function in the areas of recreation and information concerning community facilities.

Prior to requesting funds for the building of a health center, the Mayor of Chicopee will appoint a local committee to study the health needs of the city. Members will be five physicians, two dentists, the Director of the Board of Health, the Mayor, and a representative from the Community Action Program.

A project application has been submitted to the Public Health Service by the University of Massachusetts to develop material that could

be used in the University for courses and research in health planning and extramurally in continuing education for health workers and interested citizens.

Under the guidance of the coordinator of community services and with the assistance of the Division of Maternal and Child Health, a student from the St. Louis University School of Medicine is doing a follow-up study of babies born at the Wesson Maternity Hospital in 1964 and reported as having congenital deformities.

A first draft of a study on health services in the central Berkshire area was reviewed for the Committee on Children and Youth.

A proposed Alcoholism Clinic to serve Franklin and Hampshire Counties has gained the support of the Franklin District Medical Society, but establishing legislation has not yet been enacted.

The sanitary engineers have worked with local communities in seeking additional sources of ground water for public water supply purposes. Advice and consultation were given municipal officials and operators of waste water treatment facilities on their problems.

Inspections of food handling and dispensing operations and analysis of food stuffs and liquids provided for public consumption continued.

Division of Maternal and Child Health Services

The Division has a broad and demanding responsibility for furnishing leadership in the development, guidance and provision of improved health services to mothers and children. It is organized into two major sections, Maternal and Child Health Services and Services for Crippled Children. The former includes activities pertaining to maternal, newborn, infant and premature care; preschool children; day care; vision and hearing conservation; and school health. Crippled Children's Services comprise programs for children orthopedically handicapped, with epilepsy, rheumatic fever or certain other chronic diseases, including phenylketonuria, cystic fibrosis, needing plastic surgery, or with congenital heart conditions.

The Division has been committed to the development and extension of community health services hitherto non-existent or inadequate. Information was widely disseminated concerning the availability of Children's Bureau and matching State funds and the procedures for plan development. Complying with local requests, survey computations were estimated by a fully complemented team from the Division to determine needs. Surveys in Fall River and Springfield resulted in formulation of projects. Survey computations in Lawrence and Methuen were presented to the joint staffs of the Lawrence General and Bon Secours Hospitals to stimulate plan development. The Malden Survey was completed and will be presented to the Malden Hospital in the Fall. The Division participated in planning and recruitment for the Boston Maternity and Infant Care Project and currently is meeting with project personnel endeavoring to establish developmental and procedural policies.

In August 1966, Massachusetts law was changed to permit family planning services to be provided by a physician. To implement Chapter 272 of the General Laws, Section 21A, a Policy Statement on Family Planning was drawn up by the Division, approved by the Public Health Council, and adopted as Departmental policy.

An all-inclusive per diem rate for hospital care of premature infants was changed to enable hospitals to assess the cost of providing care. Hospital bills rendered since April 1 have doubled.

The Committee on Perinatal Welfare was reorganized so that a State-wide study of perinatal and infant mortality could be conducted. Twenty-one three-man committees were established throughout the State to obtain information on the numbers and types of problems which might be susceptible to improvement.

The Children's Developmental Clinic, formerly the Cambridge Service for Retarded Children, moved from the jurisdiction of the Cambridge Health Department to that of the Division. The area to be served was expanded to include both Cambridge and neighboring communities. The scope of the clinic is being expanded to encompass all causes of developmental lag, both physical and mental.

A Joint Pediatric Screening Program is being developed in cooperation with the Division of Mental Hygiene of the State Department of Mental Health, to provide pediatric services in selected Child Guidance Clinics on a demonstration basis.

The Rheumatic Fever Prevention Program continues. The Day Care and Head Start programs have developed an interrelationship, exchanging consultation services on health components and resources of regional training programs.

The Child Growth and Development Section has grown rapidly, especially in services for the pre-school hard of hearing and deaf children. The rubella epidemic of 1964 is now having its maximum impact on the habilitation program. In cooperation with St. Elizabeth's Hospital, a new procedure was developed in which all infants are subjected to tests for hearing loss.

Services to Handicapped Children continued. On January 1 the rate of payment for hospital care was changed from an all-inclusive rate to a new rate based on the ratio of the all-inclusive in-patient cost for all patients to the all-inclusive in-patient charges to all patients. Out-patient visits must also be paid, without the benefit of a negotiated all-inclusive rate. Although Title XIX will assist in meeting costs of medical care for eligible children, the savings will in large part be applied to meeting increased costs for children not eligible for Title XIX benefits.

Plans for a new type of service in Metropolitan Boston have been completed. Crippled Children's Services will pay on a fee-for-service basis for any child with a chronic illness at a comprehensive care clinic at Boston Floating Hospital, provided financial eligibility requirements are met.

The Program on Inborn Errors of Metabolism has been extended to include, as well as children with phenylketonuria, those exhibiting other metabolic imbalances.

The Division has created interest in Fall River in re-structuring traditional school health services and developing a resource for diagnosis and treatment of conditions detected by screening and physical examination procedures. The Division has successfully assisted local community leaders in developing a Children and Youth Project Plan to provide such a resource and it is anticipated that funds will shortly be authorized for the purpose. Modernizing the school health structure at the local level challenges tradition. The Follow-Through Program opens the door between the traditional and the modern approach. During the coming school year, school and health personnel will work together to initiate a cohesively strong program that utilizes all available services and establishes new services to more adequately meet critical health needs of children at a crucial point in their development. Follow-Through concepts developed in Massachusetts will be expanded to other selected school districts throughout the country after completion of the pilot school year. A unique opportunity exists to introduce innovative demonstration services under joint sponsorship of the Division, the Fall River Health Department, and the Fall River School Department.

The Division concerns of long-range planning are the ultimate provision of maximum extended services to mothers and children on a State-wide basis. The same prime quality services now in effect in certain Boston census tracts will be extended to Fall River, Springfield, Lawrence, Worcester and throughout all areas of the Commonwealth needing them.

BUREAU OF HOSPITAL FACILITIES

Division of Hospital Facilities

The functions of the Division consist of the inspection and licensure of hospitals and sanatoria, college and school infirmaries, clinics, dispensaries, and blood banks. The Division is also responsible for approval of corporation charters for hospitals and sanatoria, clinics and dispensaries.

The broad purpose of the inspection and licensing program is to provide adequate standards of care in all licensed facilities by educational and regulatory procedures. Registration and approval of such sources of ionizing radiation as x-ray facilities in the offices of general practitioners and x-ray specialists, as well as other diagnostic and therapeutic sources, are now required by legislation.

Under the Medicare Program, other more recently added functions include the certification of hospitals and independent x-ray laboratories.

The Medicare Program of the Bureau of Hospital Facilities continues to expand as more attention develops in public health to the area of medical care. The foremost innovation this year was certification of extended care facilities. Although a number of chronic disease hospitals have been certified as extended care facilities, the lack of beds in this category is becoming increasingly apparent. Several hospitals are developing plans for construction of extended care facilities as an integral part of the hospital plant. The impetus comes not only from the shortage of such beds but also from the advantages of providing continuous care under a single organization. The allotment under the Hill-Harris Program in the long-term category is insufficient to meet the growing demand for extended care facilities, not only in hospitals but in free-standing institutions operated by church organizations or other non-profit agencies. It is hoped that additional funds will be allotted by Congress for this purpose.

Since a sizable number of hospitals were certified for Part A of Title XVIII with correctable deficiencies, the recertification program has been instituted. Consultation is being provided to correct such deficiencies. In addition, review of the activities of utilization review committees has been instituted. To facilitate the program of recertification, the few general hospitals thus far unaccredited are being encouraged to apply for examination from the Joint Commission on the Accreditation of Hospitals. One of the few remaining proprietary hospitals has been accredited during this fiscal year, and two others have been scheduled for survey.

The Bureau is continuing its efforts to promote area-wide planning. An agency for this purpose has been developed in the Worcester area. The City of Pittsfield is actively engaged in a program to coordinate the planning activities of the community's general hospitals. The Greater Boston Hospital Council's plan to develop an area-wide planning agency is about to be initiated with a grant from the Public Health Service.

A study of maternity services throughout the State revealed serious under-utilization in many general hospitals. A plan was developed suggesting that thirty-five hospitals relinquish maternity services, which would be transferred to general hospitals nearby. This would result in increasing maternity occupancy from sixty to seventy-five per cent in these hospitals and making immediately available five hundred beds for medical and surgical patients on a State-wide basis. Meetings with trustees and medical staffs have been set up throughout the State aimed at implementing this recommendation.

The control of cross-infections continues as an important activity. Salmonella infections arising in hospitals are frequently revealed as the cause of cross-infections. Several outbreaks were investigated by the Bureau in cooperation with the Division of Communicable Diseases and the Diagnostic Laboratory. An outbreak of Salmonella cubana at the Massachusetts General Hospital was one of several outbreaks in hospitals caused by contamination of Carmine dye used in certain physiological tests on the intestinal tract.

An in-service training course on teletherapy was instituted, in cooperation with the Public Health Service, for the Division's personnel. For the next fiscal year a course on epidemiology of hospital infection will be developed for chairmen of infectious disease committees and other physicians interested in cross-infections in hospitals. This course will be presented as a joint endeavor of the Department, the Massachusetts Medical Society and the Massachusetts Society of Pathologists.

The Bureau's program in radiological health protection continues to expand. Emphasis was placed on the examination of radiological facilities in the office of private practitioners. Meetings were held with representatives of chiropractors and podiatrists in order to arrange for inspection of x-ray facilities in the offices of such practitioners.

The annual revision of the State Plan for the administration of the Hill-Burton Program has been completed and submitted to the Public Health Service. With respect to the priority in the long-term care category, a plan to increase the need for additional beds by ten per cent was approved by the Public Health Service. The need for additional extended care facilities in the Medicare Program was the factor that made it possible to obtain this approval. As a result of the change, it will be possible to add new beds in the long-term care category in many sections of the State. As soon as approval has been obtained of this revision, plans will be instituted to revise the State Plan for the fiscal year 1968. Tremendous interest has been manifested by general hospitals, as well as chronic disease facilities, in obtaining Federal assistance under the Hill-Harris Program for building projects.

The expanding Medicare Program, the growing need for additional services necessitated by the development of Title XIX, and population growth continue to exert increasing impact on the manifold activities of the Bureau.

BUREAU OF INSTITUTE OF LABORATORIES

Division of Biologic Laboratories

The purpose of the Division is to manufacture and distribute biologic products used in conjunction with the general public health programs of the Department.

The Division produced, tested, packaged and distributed twenty-two products and continued the salvage of outdated blood. Distribution was made of purchased drugs for venereal disease control and purchased biologics for communicable disease control. Reagents used in hospital and medical laboratories for diagnostic and research purposes were prepared and distributed. On contract with the American Red Cross, special and outdated plasma for the Regional Red Cross Blood Program was fractionated, tested, packaged and distributed. Special biologic products for government agencies were prepared on request, and on occasion commercial biologic products obtained on the open market were monitored. Special laboratory services were given to hospitals, blood banks and medical research laboratories. Consultation and advice on biologic products, immunization and related topics were given for professional and lay audiences, also lectures and publications. Training was given to personnel requiring special experience in biologics and applied immunology. Research continued on problems relating to the operating functions of the Division.

No evidence has turned up to support the statement in last year's report concerning the alleged 'dangers' of 'quadruple antigen,' and it appears that the dissemination of such statements was related to the initiation of a major lawsuit based on such a claim.

The distribution of immune serum globulin fell exactly to the extent that might be predicted on the basis of measles vaccine distribution. The policies for determining the conditions of distribution of the globulin will therefore be reviewed.

Three post-doctoral trainees worked at the Institute for periods of several months. Members of the staff participated in the work of the World Health Organization, the International Pugwash Committee, the Commission on Immunization of the Armed Forces Epidemiological Board, the Advisory Committee on Immunization Practices of the Public Health Service, and various non-governmental organizations.

The Division published twenty papers in the past year, twice the number published in the five-year period 1956-1960.

Studies were carried out on the nature of the early primary immune response after one dose of toxoid, on the level of immunity five years after tetanus toxoid immunization, on the purification of toxoids, on the potency testing of typhoid vaccine, on purification of the immunizing antigen in pertussis vaccine, on the potency testing of pertussis vaccine, on the preparation of certain scarce types of gamma globulin, on the prevalence of polio antibodies in under-privileged Boston preschool children and other groups, and on ways to reduce the incidence of side reactions to tetanus toxoid booster injections.

Division of Diagnostic Laboratories

The purpose of the Division is to provide such laboratory support and guidance as is necessary and feasible in the control or elimination of diseases of public health importance.

One of the most outstanding activities has been the streptococcal throat culture testing, with the total number of specimens almost half as great again as for the previous year, although still only a fraction of the number that should be received if the recommendations of the Massachusetts Heart Association are followed.

There was an unusual number of outbreaks of food-borne disease during the year. At one time, eight different outbreaks were under investigation simultaneously.

The Chief of Laboratory acted as Program Director for a Public Health Traineeship grant for a multi-state six-day course in Basic Medical Mycology.

The Wassermann Laboratory improved its services by the institution of new diagnostic procedures such as the fluorescent treponemal antibody-absorption test and the fluorescent antibody dark field test.

Three cases of rabies in bats were diagnosed. Other animals have not yet been implicated, but Massachusetts is surrounded by states among which are reported each month a variety of animals with rabies.

A rubella (german measles) immunity service has been instituted because the tests may give useful information in cases of women either exposed to rubella or exhibiting symptoms suggestive of rubella during the first trimester of pregnancy.

The Virology Laboratory has continued to process the large number of specimens received from the Field Station in connection with the Encephalitis Surveillance Program. One case of California encephalitis in a patient has been diagnosed by serology and the antibody conversion of five out of nine 'indicator' rabbits has further confirmed the activity of California virus in Massachusetts. Both Eastern and Western viruses as well have been demonstrated as present in the State by antibody conversions among sentinel chickens and wild birds. Isolation of Eastern encephalitis also occurred from a horse. In accordance with recommendations from the National Communicable Disease Center, the Encephalitis Surveillance Program is to be expanded in such a way that there can be focal checks in various areas of the State. It is evident that the Field Station must now monitor for four arboviruses, Eastern, Western, Californian and Powassan.

The Metabolic Disorders Laboratory has continued its active screen detection program in newborns for phenylketonuria, galactosemia, and maple syrup urine disease, as well as testing on a selective basis by paper chromatography for a variety of amino-acid disorders.

The Laboratory Approval Program has been active with the steadily increasing number of laboratories applying for approval in one or more clinical diagnostic tests. Due to a revision upward in the requirements in

microbacteriology, fewer laboratories are now approved for this activity.

In cooperation with the National Communicable Disease Center, a five-day regional workshop in general bacteriology was held in Boston.

BUREAU OF TUBERCULOSIS AND INSTITUTIONS

Division of Sanatoria and Tuberculosis Control

The Division has two purposes: the ultimate eradication of tuberculosis in the State through programs which include administration and/or supervision of a State-wide network of in-patient and out-patient facilities; the provision of administrative supervision for the six public health hospitals.

The total of newly reported cases of tuberculosis was the lowest in the history of the Division. The average daily in-patient census, tuberculosis hospital admissions, case rates and death rates per hundred thousand population, and accumulated patient days all declined. Four new out-patient clinics began functioning in general hospitals and a fifth is under study. Clinic and laboratory services and facilities have been improved and expanded.

Legislation was drafted and proposals were submitted for expanded tuberculosis out-patient facilities to provide services for people with chronic obstructive lung disease. A small Recalcitrant Treatment Center is in the final stages of development and negotiations are being carried on for the establishment of another, larger center for uncooperative patients.

Energetic promotion and support has been given to a measure, subsequently approved by the Massachusetts Medical Society, which would permit the active treatment of tuberculosis at general hospitals. Encouragement has been extended for primary treatment of selected cases of active tuberculosis without prior hospitalization and a program urged of early ambulation and discharge of patients when possible. Further consolidation of regional tuberculosis hospitals is under active consideration.

A cost-finding system has been placed into operation in six institutions. Medicare and Medicaid programs are functioning reasonably well. Collection from third-party payors has improved. Rutland Heights and Lakeville Hospitals have been approved as Extended Care Facilities.

Department Hospitals

Lakeville Hospital

Lakeville Hospital is concerned with the treatment of orthopedic conditions of long standing and other conditions amenable to physiotherapy.

Resident physicians have participated in Crippled Children Clinics at Hyannis, Fall River and Brockton, and have screened patients at the Paul A. Dever and Wrentham State Schools for retarded children and advised the staff of these institutions regarding orthopedic treatment and surgery, which is usually performed at Lakeville. The Out-patient Department has followed up former patients, and has been open to patients referred by outside doctors for consultation. The small Prosthesis and Arthritis Clinic has been used by local boards of welfare.

Nurses and attendants have received in-patient training on a continuing basis, and the trainees for Licensed Practical Nurse have received organized instruction on both a lecture and a practical basis. The Residents have participated in monthly Prosthesis Clinics at the Massachusetts General Hospital.

The by-laws have been revised to incorporate a Utilization Committee, as required by the regulations for Medicare and Extended Care. Every patient who stayed over forty-five days in the hospital has been reviewed.

An Asthma Unit has been established for the treatment of intractable asthma, supervised by a specialist in asthma from the Children's Medical Center. A specialist in blood dyscrasia and a plastic surgeon have been added to the Consulting Staff.

The hospital has been the training center for seminars for Attendant Nurses, Licensed Practical Nurses, and Registered Nurses to upgrade the nursing skills in nursing homes. A seminar on stroke and one on asthma were also held.

A new unit for mentally retarded is to be added. Cooperation between the Southeastern Regional Health Office and the hospital will be strengthened in order to provide more comprehensive services for patients to be discharged. A School for Licensed Practical Nurses will be established when the new Nurses Home is completed.

New service units for specific diseases are to be established in the future, leading eventually to a Regional Health Center with a large increase in out-patient activities.

Massachusetts Hospital School

The Massachusetts Hospital School was established as a school with hospital facilities and resident medical, nursing and teaching staff, for the care and education of mentally competent, physically handicapped children.

The new Nils V. Nelson Building was formally opened at Christmas time and patients admitted to it. By mid-April all eligible patients from the waiting list had been admitted to the School.

Recruitment of new staff allowed the opening of a Self-Care Unit for patients who can perform activities of daily living there as they could not in a regular hospital setting.

During the past year, the Hospital School formed two new affiliations, one with Wilberforce College of Ohio for the training of sociology students, and the second with the Sargent School of Occupational Therapy of Boston University.

Another innovation has been the introduction of Parent Meetings every two weeks, with members of the staff talking to interested parents on various subjects.

Pondville Hospital

The Pondville Hospital was established in 1927 for the diagnosis, treatment, and follow-up of patients with cancer or precancerous lesions. It has the same functions as other hospitals, patient care, education and training, and research.

Patients receive the benefits of the most modern methods of treatment, comprising surgery, chemotherapy and radiation. Complete reports are sent to referring physicians on the diagnosis, treatment, and follow-up care of their patients. This policy has significant educational value analagous to the major purpose of the Federal attack on heart disease, cancer and stroke. Pondville expects to be included in the regional program which involves Massachusetts, New Hampshire and Rhode Island.

The hospital has a Training Program for Practical Nurses. The Licensed Practical Nurses, on completion of their training, take positions at the Hospital and provide most of the nursing care, under the direction and supervision of graduate nurses.

Advanced speciality training in the treatment of cancer is provided for physicians on assignment from various Boston hospitals. They serve in the Departments of Medicine, Surgery, Pathology, and Radiology.

Research continues on the relationship between tumor and host. Studies are being conducted to isolate and characterize tumor antigens for immunization purposes. Research at Pondville is clinically oriented. The Medical Staff is considering the feasibility of expanding research which is dependent upon research staff and physical facilities.

The Nuclear Medicine Service has expanded and is offered to State hospitals, as well as to private hospitals on a limited scale. Studies are made for deep-seated disease in the brain, bone, thyroid, lung, kidney and spleen.

Rutland Heights Hospital

Chapter 648 of the Laws of the Commonwealth was signed on August 26, 1965 by the Governor, establishing the Rutland Heights Hospital 'for the care and treatment of patients suffering from chronic and other diseases.'

It is apparent that the most urgent hospital needs in Central Massachusetts are for long-term rehabilitation, terminal care, and the treatment of alcoholics. Other health needs in the area are for sheltered and home care for individuals physically, psychologically or socially handicapped. Criteria have been set up at Rutland Heights for the admission and treatment of patients who fall into these categories, giving priority in the order named.

With the conviction that the hospital and the community are indivisible, the hospital has participated in activities of community, professional and lay organizations and in Hospital Week, and has held frequent open-house receptions.

The education of the public in proper utilization of health facilities, the patients in intelligent self-reliance and living with their disability, and the hospital personnel in constructive re-evaluation in their roles in the team and in the training of auxiliary personnel, has been part of the Rutland Heights program.

A continuous in-service training program was instituted for the upgrading of all members of the nursing staff. Medical teaching conferences and general staff conferences were also instituted. Two one-week institutes for the community were held, one in rehabilitation nursing and one in comprehensive patient care. There was a one-day institute for the care of patients with non-tuberculous chest diseases.

An exhibit on Incentive Therapy won a Blue Ribbon at the New England Hospital Assembly and was displayed as well at the meeting of the New England Public Health Association.

The modern D-Building was made available to the Mental Health Rehabilitation Center and the relationship between the hospital and the mental hygiene programs has been friendly.

In light of the Comprehensive Health Planning Act of 1966, it is essential that all planning be considered within the basic philosophy of regionalization. Therefore, any plans for the future will depend on the master program for Central Massachusetts.

Tewksbury Hospital

Tewksbury Hospital provides care and treatment for chronically ill patients, including domiciliary and terminal care.

The new hospital, nearly completed, is rated as one of the most advanced hospital buildings of its type in the country.

A study has been made in contemplation of a Half-Way House, to be a stepping stone for certain patients leaving the hospital and preparing to return to the community.

The Board of Commissioners of the Joint Commission on Accreditation of Hospitals has approved the recommendation that Tewksbury be accredited for a period of three years or until a subsequent survey is conducted.

A new Inhalation Therapy Department has been opened. The use of oxygen in the care of patients afflicted with emphysema and related lung conditions fills a definite need for those with this long-term illness. Incorporated into the nucleus is the control of all oxygen used in the hospital. Under the supervision of the Medical Director, a qualified Certified Registered Nurse Anesthetist handles the equipment and supervises the treatment.

The Area I Emergency Operating Center of Civil Defense is located at Tewksbury. A very successful Natural Disaster Drill (Hurricane) was held on the hospital grounds by the Civil Defense unit, with observers from all

over the country.

The Clinical Pastoral Training Program continues, with theological students serving on the wards and working and ministering on the grounds. The students attend lectures, seminars and religious services during the twelve-week course.

Western Massachusetts Hospital

The hospital offers for the residents of western Massachusetts in-patient and out-patient care to those suffering from all forms of cancer, tuberculosis and chronic pulmonary diseases, and maintains an approved residency in cancer surgery, an approved dental internship in oral medicine, and an approved School for Licensed Practical Nurses.

The bed capacities of the cancer and the chronic disease divisions have been increased, that of the tuberculosis division decreased. Cryotherapy, an ambulatory treatment of skin cancer, has been the therapy of choice during the past year and the end results have been gratifying. There has been an increase in the number of patients requiring extensive head and neck surgery and a resultant increase in maxillofacial prosthetic work under the direction of the dental department. With the increase in the number of severely ill head and neck patients, and in the number of patients with vascular problems, the surgical department has inaugurated the use of intra-arterial hydrogen peroxide in combination with x-ray in the first instance and vascular grafts and by-passes in the second.

No new change in the treatment of tuberculosis has appeared and the admission rate has remained about the same. Four new monthly extra-mural clinics have been added. Staff members examined all children at Camp Keepwell, gave in-service training to staff and student nurses, and conducted training sessions in chest diseases for student nurses from the Holyoke and Mercy Hospitals and University of Massachusetts Schools of Nursing.

The hospital was host to the 61st meeting of the New England Cancer Society, with the entire program presented by members of the visiting staff; to the in-service educational program on Rehabilitative Concepts in Nursing, sponsored by the western chapter of the Massachusetts Heart Association; to the semi-annual meeting of the Regional Group of College Librarians; and to a workshop for nursing home personnel on the Nursing Care of Patients with Long-Term Illnesses. The medical staff presented Cancer Teaching Days for practicing physicians in the area in September and May.

The future of the hospital should be in the direction of a regional cancer and tuberculosis center fully equipped and staffed for complete in-patient and out-patient care, treatment and rehabilitation, with medical school affiliation and the encouragement of clinical research.

With the dedication of the new School for Licensed Practical Nurses, the total quota of students will be sixty. The Board of Registration in Nursing has informed the Director of Nurses that the school ranks fourth in the Commonwealth. The faculty of the school will once again investigate the possibility of converting to a two-year collegiate program.

Respectfully submitted,

Alfred L. Frechette

Alfred L. Frechette, M.D., M.P.H.
Commissioner of Public Health

Benjamin M. Banks

Benjamin M. Banks, M.D.

Bernard B. Berger

Bernard B. Berger, M.S.

John H. Knowles, M.D.

Samuel Kovner

Samuel Kovner

Ralph E. Sirianni

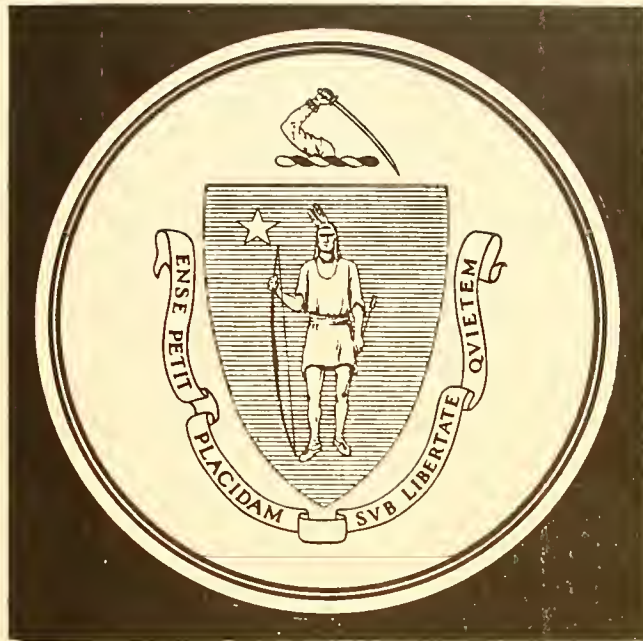
Ralph E. Sirianni

John P. Rattigan

John P. Rattigan, M.D.

PUBLIC HEALTH COUNCIL

The Commonwealth of Massachusetts



■ FIFTY - FOURTH ■ ANNUAL REPORT

of the

MASSACHUSETTS:
Department of Public Health.

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JULY 1, 1967 - JUNE 30, 1968

A

54th ANNUAL REPORT

of the

Mass. DEPARTMENT OF PUBLIC HEALTH.

July 1, 1967 - June 30, 1968

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TABLES OF CONTENTS

S79r
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C.1

	<u>Page</u>
Administration.	9
Adult Health	42
Alcoholism	44
Budget	41
Communicable Diseases	45
Dental Health	47
Drug Addiction Rehabilitation Board	11
Food and Drugs	52
Health Education	17
Health Statistics	12
Hospital Facilities	68
Hospitals, Department	
Lakeville Hospital	75
Lemuel Shattuck Hospital	49
Massachusetts Hospital School	76
Pondville Hospital	77
Rutland Heights Hospital	78
Tewksbury Hospital	79
Western Massachusetts Hospital	79
Laboratories, Institute of.	71
Legislation	
Passed by 1967-1968 Legislature	29
Recommendations for 1969 Legislation	36
Local Health Services	57
Massachusetts Committee on Children and Youth	13
Massachusetts Health Research Institute, Inc.	14
Maternal and Infant Care Project	15
Maternal and Child Health Services	66
Medical Care and Program Planning	19
Nursing Homes and Related Facilities	49
Nursing Section	58
Nutrition Section	59
Public Health Council	4
Regional Health Offices	61
Research, Development, and Professional Training	21
Regulations Promulgated by Department	23
Sanitary Engineering	54
Social Work Section	60
Training Center for Comprehensive Care	16
Tuberculosis Control	74
Venereal Diseases	46

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

JUNE 30, 1966

Commissioner of Public Health, Alfred L. Frechette, M.D., M.P.H.

PUBLIC HEALTH COUNCIL

Alfred L. Frechette, M.D., M.P.H., Chairman

Ralph E. Sirianni	1963-1969	John P. Rattigan, M.D.	1966-1972
John H. Knowles, M.D.	1964-1970	Benjamin M. Banks, M.D.	1967-1973
Samuel Kovner	1960-1971	Bernard B. Berger, M.S.	1966-1974

Moir E. Nixon, Secretary

OFFICE OF THE COMMISSIONER

Assistant to Commissioner
(Radiological Health)

Gerald S. Parker, M.S.

Division of Medical Care and
Program Planning

David R. Kinloch, M.D., D.P.H., Director

BUREAU OF ADMINISTRATION

Division of Administration

William R. Benson, Director

Division of Health Education

Marie F. Gately, M.Ed., M.P.H., Director

Division of Public Health Research,
Development, and Professional Training

F. Randolph Philbrook, M.D., M.P.H.,
Director

BUREAU OF CHRONIC DISEASE CONTROL

Division of Adult Health

Myer Herman, M.D., D.P.H., Director

Division of Alcoholism

Edward Blacker, Ph.D.,
Director of Alcoholism Program

Division of Communicable Diseases

Nicholas J. Fiumara, M.D., M.P.H., Director

Division of Dental Health

William D. Wellock, D.M.D., M.P.H., Director

Division of Nursing Homes and
Related Facilities

Irene R. Petrone, A.B., M.P.H., Administrator

Lemuel Shattuck Hospital

Harry T. Phillips, M.D., Superintendent

BUREAU OF CONSUMER PRODUCTS PROTECTION

Division of Food and Drugs

George A. Michael, B.S.,
Director and Deputy Commissioner

BUREAU OF ENVIRONMENTAL SANITATION

Division of Sanitary Engineering

John C. Collins, M.S., Director

BUREAU OF HEALTH SERVICES

Division of Local Health Services

Leon Sternfeld, M.D., M.P.H.,
Director and Deputy Commissioner

Regional Health Offices

Southeastern Region
Lakeville Hospital
Lakeville

Benjamin Sachs, M.D., M.P.H.,
Regional Health Director

Northeastern Region
Tewksbury Hospital
Tewksbury

Frederick A. Dunham, M.D., M.P.H.,
Regional Health Director

Central District
Rutland Heights Hospital
Rutland

Gilbert D. Joly, B.S.,
Acting District Health Officer

Western Region
University of Massachusetts
Amherst

Jerome S. Peterson, M.D.,
Regional Health Director

and
246 North Street, Pittsfield

Division of Maternal and Child
Health Services

M. Grace Hussey, M.D., M.P.H.,
Director

BUREAU OF HOSPITAL FACILITIES

Division of Hospital Facilities

A. Daniel Rubenstein, M.D., M.P.H.,
Director and Deputy Commissioner

BUREAU OF INSTITUTE OF LABORATORIES Geoffrey Edsall, M.D., Superintendent

Division of Biologic Laboratories

Morton A. Madoff, M.D., Director

Division of Diagnostic Laboratories

Robert A. MacCready, M.D., Director

BUREAU OF TUBERCULOSIS AND INSTITUTIONS

Division of Sanatoria and
Tuberculosis Control

William P. McHugh, M.D., M.P.H., Director

Hospitals

Lakeville Hospital	George L. Parker, M.D.	Superintendent
Massachusetts Hospital School	John J. Carroll, M.D.	Superintendent
Pondville Hospital	Henry W. Kolbe, M.D.	Superintendent
Rutland Heights Hospital	Endre K. Brunner, M.D.	Superintendent
Tewksbury Hospital	Thomas J. Saunders, B.A.	Superintendent
Western Massachusetts Hospital	I. Herbert Scheffer, M.D.	Superintendent

ANNUAL REPORT OF PUBLIC HEALTH COUNCIL

Alfred L. Frechette, M.D., M.P.H., Chairman

Submitted herewith is the annual report of the Public Health Council for the fiscal year ending June 30, 1968.

Meetings

Regular monthly meetings were held in accordance with General Laws, Chapter 17, Section 3. In compliance with General Laws, Chapter 30A, Section 11A, notices of all meetings of the Council were filed with the Executive Office for Administration and Finance and with the Secretary of State.

Meetings of the subcommittees of the Public Health Council on Hospital Problems and Environmental Sanitation were held when necessary during the year.

General Duties

The regular duties imposed upon the Council by General Laws, Chapter 111, Section 3, and other statutes have been carried out. These include the approval and licensing of hospitals, blood banks, convalescent and nursing homes, rest homes, public medical institutions, city and town infirmaries, dispensaries and dental clinics, day care centers, and medical schools and laboratories desiring to obtain impounded animals for scientific investigation, experiment or instruction. These approvals are based upon reports of inspections by members of the Department who ascertain if the facilities comply with the Department's standards for licensure.

Other duties included the certification of laboratories which have taken part in the annual evaluation and have demonstrated their ability to perform satisfactorily certain tests; approval of personnel in the Department, including sanatoria; approval of professional personnel at county and municipal sanatoria which contract with the Department for the care of tuberculosis patients; approval of food regulations and air pollution control regulations of local communities; advice to communities and official agencies relative to sanitary problems of water supply, sewage disposal and nuisances.

Agreements were approved and signed between the Commonwealth, through the Department of Public Health, and the following:

Children's Hospital Medical Center relative to provision of salaries in connection with a study of 1000 children with congenital heart disease to assess the general health and dental status of the patients in terms of future employment
Amherst Board of Health relative to development of a school health demonstration project

New contracts for the care and treatment of persons with tuberculosis were approved and signed by the Department of Public Health and

Mattapan Chronic Disease Hospital, Middlesex County Sanatorium, and Norfolk County Hospital. A new contract with Worcester County Hospital was not signed inasmuch as the Department had received notice from the Worcester County Commissioners that they intended to discontinue the care and treatment of tuberculosis patients at that facility. Pending further developments, the Department voted to extend the contract signed and approved in March 1967.

In view of the difficulties involved in obtaining qualified radiology personnel at Pondville Hospital, the Department granted approval to that Hospital to enter into a contract with Boston University School of Medicine for the provision of radiological services at the Pondville Hospital.

Department Organization and Personnel

On April 2, 1968, His Excellency, Governor John A. Volpe, reappointed Dr. Frechette to a third term as Commissioner of Public Health. This appointment was made under the provisions of Chapter 17, Section 2, of the General Laws as amended by Chapter 844 of the Acts of 1967 which provides that the term of Commissioner of Public Health be co-terminous with that of the Governor rather than for five years.

In August 1967, Dr. Samuel Levey resigned as Administrator of Nursing Homes and Related Facilities to accept a position outside of State service. Pending appointment of a replacement, Dr. Phillips was appointed to the position with the actual administrative work of the Division being handled by Dr. Sheldon Lubow, a Public Health Service Officer assigned to the Department. The Department was deeply shocked by the sudden death of Dr. Lubow in January 1968. In February 1968, Miss Irene R. Petrone, who had been in the position of Assistant Director of Extended Care Facilities in that Division, was appointed to the position of Administrator of Nursing Homes and Related Facilities.

During fiscal 1968, two major positions in the Department were left vacant through retirements. The following appointments were approved by the Public Health Council to fill these positions:

William R. Benson, Director of Administration
I. Herbert Scheffer, M.D., Superintendent,
Western Massachusetts Hospital

Public Health Council

In September 1967, Dr. Benjamin M. Banks was appointed to the Public Health Council to replace Dr. Francis B. Carroll whose term had expired on May 1, 1967. Professor Bernard B. Berger was reappointed in June 1968 for a second term. The membership of the Public Health Council on June 30, 1968 was as follows :

Alfred L. Frechette, M.D., M.P.H., Chairman	
Ralph E. Sirianni	1963-1969
John H. Knowles, M.D.	1964-1970
Samuel Kovner	1965-1971
John P. Rattigan, M.D.	1966-1972
Benjamin M. Banks, M.D.	1967-1973
Bernard B. Berger, B.S., M.S.	1968-1974

Special Matters

Chapter 473 of the Acts of 1965 amended Chapter 17 of the General Laws to grant certain powers to the Commissioner of Public Health upon the declaration of an emergency. On October 6, 1967, Governor Volpe declared a public health emergency to exist in view of the revocation, by the Saugus Board of Health, of the permit to operate the M. DeMatteo Construction Company Refuse Disposal Area, located in Saugus. As a follow-up to the Governor's declaration and in accordance with the above-mentioned emergency powers, the Department voted to order the Saugus Board of Health to keep the disposal area operating until alternate dumping facilities were made available.

The Public Health Council discussed on a number of occasions the future operation of the Western Massachusetts Hospital. In an attempt to reach a reasonable conclusion, the Council on December 12, 1967 voted to request that the Connecticut Valley Health Planning Council conduct a thorough study of the facility. At the close of the fiscal year, the Department was waiting for submission of the final report.

Public Hearings

During the fiscal year the Public Health Council conducted thirteen public hearings relative to the licensure of nursing homes. The Council also conducted six informal hearings relative to the following: operation of the Granite Street Dump, Worcester; use of carpeting in patient rooms at Medcenter/Boston Convalescent Home (2); application of Hallmark Associates for a new 120-160 bed nursing home; Worcester Air Pollution Control regulations; and, at the request of the Massachusetts Health Officers Association, the Rules and Regulations Relative to Retail Food Establishments.

Under authority of General Laws, Chapter 111, Section 3, hearings were conducted by the Deputy Commissioner and Director of Local Health Services, the Director of Sanitary Engineering, the Director of Food and Drugs, the Director of Hospital Facilities, and the Administrator of Nursing Homes and Related Facilities. These hearings concerned matters related to the operation of the particular Division and the amendment and/or adoption of certain rules and regulations. In addition, approximately sixty-five hearings were held by the Hearings Officer relative to the licensing of nursing, convalescent and rest homes.

The information presented at hearings held by Division Directors and the Hearings Officer was submitted to subsequent meetings of the Public Health Council for action.

Regulations

Following public hearings held in accordance with the State Administrative Procedure Act, new regulations were adopted and existing regulations amended as follows:

Regulations for the Control of Atmospheric Pollution
in the Lower Pioneer Valley Air Pollution Control
District

Licensure Rules and Regulations for Convalescent or Nursing Homes in Massachusetts	amended
Licensure Rules and Regulations for Convalescent or Nursing Homes in Massachusetts	amended
Rules and Regulations Relative to Retail Food Establishments	
Rules and Regulations Relative to the Treatment of Persons Exposed to Rabies	amended
Licensure Rules and Regulations for Hospitals and Sanatoria	amended
Rules and Regulations Relative to the Use of Blood and Other Tissues for the Purposes of Trans- fusion	amended
Rules and Regulations for Certification of a Home Health Agency	
Rules and Regulations for the Construction of New Convalescent or Nursing Homes in Massachusetts	
Rules and Regulations Relative to the Treatment of Persons Exposed to Rabies	amended
Rules and Regulations Relative to Ambulances	
Standard of Identity for Meat Patty and Meat Steak	
Rules Relating to the Visitation Rights and the Educational and Recreational Opportunities for Farm Workers	
Rules, Regulations, and Standards to Effectively Control and Eliminate Rats	

Hospital Survey and Construction

Approval was given to applications from the following medical care facilities for financial assistance from Federal funds allotted to the Commonwealth under the Hospital and Medical Facilities Survey and Construction Act. In some instances these represent additional grants given because of increased cost of construction as evidenced by bids received or because it was found on further investigation that the facility was eligible for additional funds as a percentage of its construction costs:

Boston City Hospital, Boston	\$130,000.00
Boston Lying-in Hospital, Boston	58,376.80
University Hospital, Boston	400,000.00
Winthrop Community Hospital, Winthrop	394,800.00
Harrington Memorial Hospital, Southbridge	450,000.00

Lynn Hospital, Lynn	\$200,000.00
St. Luke's Hospital, Middleboro	450,000.00
Nantucket Hospital Cottage, Nantucket	96,600.00
Lawrence Memorial Hospital, Medford	287,671.00
St. Patrick's Manor, Framingham	350,000.00
Boston City Hospital, Boston	280,000.00
Waltham Hospital, Waltham	800,000.00
Union Hospital, Fall River	750,000.00
Newton-Wellesley Hospital, Newton	450,000.00
New England Deaconess Hospital, Boston	400,000.00
Cape End Manor, Provincetown	210,000.00
Athol Memorial Hospital, Athol	400,000.00
Franklin County Hospital, Greenfield	281,695.00
Springfield Hospital, Springfield	483,333.00
North Adams Hospital, North Adams	400,000.00
Boston Lying-in Hospital, Boston	32,919.20

In November 1967 a Joint Committee of the Hospital Advisory Council and the Public Health Council was appointed to review, with the Division of Hospital Facilities, present policies in regard to Hill-Harris grants (Hospital Survey and Construction), particularly the question of maximum allocation. The Joint Committee met and in February 1968 the following recommendations were presented to the Department and approved:

1. That for a period of five years, thirty per cent of the allocation to Massachusetts in the modernization and new hospital construction category be set aside for distribution to teaching hospitals.
2. That grants to such teaching hospitals be doubled to \$900,000. (\$400,000. to \$800,000. in the modernization or new construction category and \$50,000. to \$100,000. in the diagnostic and treatment category.
3. That a minimum amount of \$10 million be established as the total cost of any one project in order to qualify for the double grant.

Acceptance of Report

At a meeting of the Department on December 3, 1968, the Commissioner presented to the Council a report of the Department of Public Health for fiscal year 1968, and it was voted that the report, together with the foregoing brief summary of the activities of the Public Health Council, be approved and adopted as the report of the Department of Public Health for the fiscal year 1968.

FIFTY-FOURTH ANNUAL REPORT OF THE COMMISSIONER OF PUBLIC HEALTH

To the Public Health Council:

Gentlemen:

I have the honor to submit the fifty-fourth annual report of the Department of Public Health for the fiscal year ending June 30, 1968.

BUREAU OF ADMINISTRATION

The Commissioner, in addition to being the executive and administrative head of the Department, maintains continuing liaison with the Executive Department, the Legislature, the voluntary health agencies and local community health agencies. Regular monthly conferences were held with the Division Directors in order to keep fully informed of the various activities being carried on throughout the Department and to assist in formulating Department policies and programs. In the establishment of policy and in making formal and legal decisions of the Department, the Commissioner and the Public Health Council acted jointly.

As a result of expanded programs supported by Federal funds and new programs provided through legislation passed during the 1967 and 1968 sessions of the General Court, the Department has found it increasingly difficult to carry out these programs efficiently with the limited staff and under the present structure. A number of new positions, including a Deputy Commissioner and a Director of Hospital Administration, were included in the supplementary budget to become effective July 1, 1968. With these new positions a reorganization of the Department's functions will be undertaken and hopefully will bring about a more efficient operation. Also, due to the expanded programs, it has been evident for some time that the space available to the Department in the State House was not adequate. The Commissioner has conferred with the Commissioner of Administration and with the Superintendent of Buildings relative to a new location for the Department, and it is expected that a move will be undertaken before December 1968.

Plans for the twenty-second Assembly of the World Health Organization to be held in Boston in 1969 have progressed and the Commissioner has held numerous meetings with members of the Department staff who are involved in planning for recruitment of personnel, transportation, furniture, exhibits, special events, production equipment and supplies, and arrangements for the Centennial celebration. The Commissioner has also met on several occasions with representatives of the World Health Organization, Geneva, the Department of State, Washington, and the Chairman of the Massachusetts Committee relative to financial obligations and division of responsibilities.

In addition to her regular duties, the Administrative and Legal Assistant to the Commissioner has undertaken the responsibility of representing the Department in matters of collective bargaining. Twenty collective bargaining units have been established and contracts are being negotiated.

The Assistant to the Commissioner (Radiological Health) has coordinated the programs that are being carried out in the medical, dental, environmental, and milk and food fields of radiological health. He also coordinates the Commonwealth's program in the control of lasers and laser radiation and serves as the liaison between the Commonwealth and the Atomic Energy Commission regarding all matters involving nuclear power plants.

Boards and Commissions

Under various statutes the Commissioner of Public Health is ex officio a member of various boards and commissions, including the Health and Welfare Commission, Advisory Council on Home and Family, Commission on Aging, Rehabilitation Commission, Advisory Council on Alcoholism, Milk Regulation Board, Water Resources Commission, New England Interstate Water Pollution Control Commission, Advisory Council on Hospital Surveys and Construction Planning, Approving Authority for Colleges and Medical Schools, Approving Authority for Schools for Training of X-ray Technicians, Inter-agency Council on Mental Retardation, Drug Addiction Rehabilitation Board, Advisory Council on Planning, Construction, Operation or Utilization of Facilities for the Mentally Retarded, Urban and Industrial Renewal Advisory Council, Weather Amendment Board, Pesticide Board, Board Regulating Installation of Gas Piping and Gas Appliances in Buildings, Board of Trustees of the University of Massachusetts, Board of Rate Setting for Convalescent or Nursing Homes and Rest Homes, and Special Legislative Commissions as established.

The Commissioner personally attended as many meetings as possible and designated appropriate staff members to attend others, so that the Department was represented at all meetings of these boards and commissions.

Medical Panels

General Laws, Chapter 32, Section 6, authorizes the Commissioner of Public Health to appoint chairmen of medical panels to review applications from and examine State and municipal employees applying for disability retirement. The chairman of each panel, insofar as is possible, must be a physician skilled in the particular branch of medicine or surgery upon which the application for disability retirement is based. The other two members of the panel are selected by the applicant and the local retirement authority.

New applications for disability retirement during fiscal year 1968 numbered 622. Because of inability of one or more panel members to fulfill their obligation, 111 of these applications had to be processed twice, 27 were processed three times, twelve were processed four times, three were processed five times, and one application was processed each of six, seven and eight times before a medical panel was obtained.

Under General Laws, Chapter 32, Section 89, widows of firefighters, police officers and certain other employees whose work involves considerable risk may apply for an annuity. In such cases the Department designates the third member of a board appointed to determine whether or not the death of said employee was the result of an injury received in the performance of his duty. Annually about fifty such applications are received and processed.

Rating Board

The State Police Retirement Board, under General Laws, Chapter 32, Section 26, interviewed four officers who had applied for retirement because of injury received in line of duty. After examination of the applicants and review of their records, the Board recommended approval of all applications.

Drug Addiction Rehabilitation Board

The Board was created by statute to establish a program for the treatment and rehabilitation of drug addicts, to coordinate the services and activities of agencies of the Commonwealth and its political subdivisions in the treatment and rehabilitation of drug addicts, and to cooperate with agencies of the Federal Government in developing and coordinating such programs.

The treatment program currently consists of four units: 1) a detoxification ward, separate wards for male and female patients, office and interviewing rooms and large outpatient and day care center at Boston State Hospital; 2) a treatment unit immediately adjacent to a fully staffed hospital at the Massachusetts Correctional Institute at Bridgewater; 3) a full-time outpatient unit at 20 Whittier Street, Roxbury; and 4) a clinic in the East Boston Public Health Building, which had been serviced one day a week but became a full-time operation as of October 1, 1968.

On May 1, 1968 the Board unanimously voted to expand its treatment and rehabilitation program in the western part of the State. A fifteen-bed inpatient unit will be located at Northampton State Hospital, where patients will be accepted on a voluntary or court-committed basis. This unit will offer outpatient services to persons in the community who have a drug abuse problem and need to consult a trained therapist. It will also offer detoxification services to addicts. The contract with the hospital has been signed.

Half-time ambulatory clinics will also be set up in Springfield and Pittsfield, to be conducted under medical auspices and to aid persons in the immediate areas. They will also refer persons needing inpatient services to the treatment unit at Northampton.

This expansion of services reflects the change in drug abuse from once being concentrated in Greater Boston to becoming a problem throughout the Commonwealth. Although the typical addict coming for treatment at Boston State Hospital is a white male high school dropout, twenty-five years old, and resident in the Boston area, there has been a marked increase this year in the number of patients coming from outside Boston.

The professional staff of the Board has been active in consulting with the community to curb the spread of drug abuse. Numerous seminars, in-service training courses and meetings have been held with educators, religious leaders and others charged with guiding young people. The staff has also maintained contact with colleagues in the field of drug dependence, both locally and on the national level.

The Drug Addiction Treatment Unit at Boston State Hospital treated about one hundred inpatients and more than two hundred outpatients last year; a considerable increase over the previous year. The Unit has received a grant from the National Institute of Mental Health to train social workers and nurses.

The Whittier Street Clinic in its second year of operation continues under the supervision of Boston City Hospital Psychiatric Clinic to provide direct treatment to addicts. In addition, an interviewing room at East Boston Mental Health Unit has been made available one day a week to clinic staff. Current plans involve expanding this to a full time clinic.

The Bridgewater unit admits both court-committed and voluntary patients. Demographic studies show that the profile of the addict who needs a structured environment and who is court-committed to Bridgewater is similar to that of the patient at Boston State Hospital or Whittier Street clinic. The addict admitted to Bridgewater on a voluntary basis is somewhat older, with an average age of twenty-eight. He is also a white male with less than twelve years of education. The development of education courses for addicts who have not obtained a full high school education is one of the objectives at Bridgewater.

A major task undertaken this past year has been to define aims in treatment more specifically and describe therapeutic techniques. The resulting modality of treatment gives strong support to the assumption that to be able to reject drugs the patient must progress toward the five following goals: 1) He must build up substitute satisfactions to be found in human relationships; work, marriage, sex; 2) He must find adequate outlets for his pent-up emotions; 3) He must develop problem-solving techniques to cope with his day-to-day problems; 4) He must expand his tolerance threshold for hardship, for persevering, for putting off immediate gratification; 5) He must move from an attitude of helplessness and passivity to one of aggressiveness and assertiveness.

Health Statistics

The purpose of the Health Statistics Unit is to retrieve, store, process, evaluate and disseminate vital event information: births, deaths, marriages and divorces. Such information is necessary in planning public health programs, and population studies.

Three major goals were achieved during the past year:

1. New England area regionalization planning for uniform coding and processing of vital event records was developed, and by January 1, 1969 all six states should be in a position to exchange, pool and process data, using 'canned programs' consistent with individual state needs and legislative restrictions.

2. A change in the registration laws for birth information accelerated the reporting of data and should facilitate work loads. The inclusion of a 'confidential section' attached to the Legal Certificate will become effective January 1, 1969.

3. A pilot study with three hospitals -- St. Margaret's, Boston Lying-in and Chelsea Naval --- was funded by the National Center for Health Statistics. It made possible the development of the new birth certificate format.

During the past fiscal year both the 1964 and 1965 Annual Reports were processed and published. Data for the 1966 and 1967 reports were readied for processing and will be made available as soon as arrangements can be completed for use of the computer facilities.

Activities of the Unit include servicing needs of Peri-Natal Mortality, Suicide, Inc., National Safety Council and other research groups on a continuing basis; servicing public and private research, development and planning agencies with source documentary findings; and developing methods for improving the retrieval and processing of vital event information.

Future plans include revision of the death certificate; development of a uniform 'hospital code' for comparative evaluation studies; a collaborative effort with others in the Department who are processing morbidity findings; publishing monthly or bi-monthly natality and mortality charts; eliminating duplicate reporting by hospitals; a review of quality and timeliness of death data from medical examiners; and development of methods for matching infant and neonatal deaths with births.

Massachusetts Committee on Children and Youth

The Committee is charged with furthering the interests of children, youth and their families. It is composed of one hundred and eighty distinguished professionals and laymen. The Committee's research, education and consultation services are available to legislators, agencies, groups of citizens and communities concerned with the welfare of the young.

Preliminary work has been done toward the development of State-wide plans for improving maternal and child health services. A study of such services in Greater New Bedford was completed and the findings and recommendations presented to the community. A complete project proposal to improve health and medical services for children in Fall River was prepared for submission to the Children's Bureau.

Three monographs that grew out of the Local Area project have been printed and distributed. They are -- "Meeting the Needs of Children and Youth in a Regional Area," "Meeting the Needs of Children and Youth in an Urban Area" and "Meeting the Needs of Children and Youth in Massachusetts Communities."

In association with the Department of Pediatrics at Beth Israel Hospital, established practices of prolonging the hospital stay of premature infants were studied.

At the request of the Department's Day Care Advisory Committee, the Massachusetts Committee on Children and Youth has taken initial steps to review the problems which impede the development of day care services

and to plan for revision in the present licensing laws to meet these problems. A vastly expanded State-wide day care effort, as a result of the 1967 amendments to the Social Security Act, and an evaluation of Day Care Services as they now exist in the Commonwealth, have been undertaken.

The Governor has designated the Committee to represent Massachusetts at the President's White House Conference in 1970. The staff has begun to assemble and prepare available data on the status of children and young people in the Commonwealth in 1968, and the resources to meet their needs.

An intensive two-year program of education on the issues involved in improving the public welfare program culminated in passage of the Public Welfare Reorganization Bill in October 1967. It then became necessary to mount an immediate campaign to secure support for a revenue bill to finance the welfare reorganization. Before the end of the legislative session a new tax bill to provide for this and other State needs was enacted by comfortable margins in both the Senate and House of Representatives. The Committee drew up a list of outstanding individuals for the Governor's consideration as he prepared to appoint the new Advisory Board.

The Committee has taken the leadership in coordinating the efforts of all groups interested in the reorganization of the Youth Service. Although no formal legislative action was taken during the 1968 session of the General Court, the groundwork was laid for a new program for delinquent children committed to the Commonwealth's care.

Problems and issues that are causing difficulties for agencies, workers, judges, lawyers and parents in carrying out the adoption program were reviewed and identified. Many children are kept from placement in adoptive homes because of inconsistencies in existing procedures. The Committee hopes to initiate a project to clarify and revise the law toward finding and using adoptive homes more promptly and effectively than is now the case.

Massachusetts Health Research Institute, Inc.

The Massachusetts Health Research Institute was incorporated on May 21, 1959. The purpose of this organization, in part, is to conduct studies, research and demonstrations in various fields of public health and medicine in keeping with the purposes and objectives of the Department of Public Health.

The Institute completed 13 projects which had a total budget of \$163,714. during the fiscal year and held 29 active projects with a total budget of \$1,121,875. at the close of this accounting period.

The application and notice of grant or contract award of the funded projects have been submitted to the Commissioner of Administration, the Comptroller and the Budget Bureau of the Commonwealth of Massachusetts in accordance with regulations. The accounts were audited by a private firm of certified public accountants, Federal auditors, as well as by the Massachusetts State Auditors.

Mr. Francis A. Chevretils, Executive Director of this organization since January 4, 1960, submitted his resignation which the Board accepted with regret while acknowledging its sincere appreciation for his years of service.

The Directors ratified the appointment of Maurice H. Lacerte as Executive Director on June 6, 1968.

Mr. David Standley, Division of Sanitary Engineering and Dr. William P. McHugh, Division of Tuberculosis Control, completed their three-year term on the Administrative Committee. Mr. George J. Coogan, Division of Sanitary Engineering, and Dr. Leslie Lipworth, Director, Statistical Unit, Bureau of Chronic Disease Control, were appointed to complete the membership of this Committee.

Maternity and Infant Care Project and Children and Youth Project

The purpose of the Maternity and Infant Care Project is to provide comprehensive health and related services to low-income mothers and children in designated areas of Boston, including Roxbury, South Boston, East Boston, Brighton-Allston, North Dorchester and part of Jamaica Plain. The Department contracts with the Boston Department of Health and Hospitals, Beth Israel Hospital, Boston Lying-in Hospital, St. Elizabeth's Hospital, St. Margaret's Hospital, and Children's Hospital Medical Center to provide the necessary services in neighborhood or satellite clinics. Services provided include obstetric and pediatric care, dental services, social services, nursing and nutrition and family planning services.

The first several months of the Project's first year were devoted to staffing and equipping clinics. Units began enrolling patients in July 1967, and by the end of the summer nine clinics were operating throughout the Project area. All clinics provide prenatal and postpartum services and three of the clinics also provide comprehensive health services to children under twenty-one years of age.

Nursing services presented a complex organizational problem. Specialists, staff nurses, public health nurses, licensed practical nurses and nurses aides were melded into a cooperating unit and a smooth referral system has been worked out. In-service training programs are conducted to develop staff skills and the nurses are also active in the conduct and development of parent education sessions at several of the Project units.

Social service, an area of tremendous need for the Project population, is a particular concern of the staff; especially the multiple needs of the unwed, teenage mother. Efforts are now being made to accumulate data on social needs of patients and barriers to the receipt of care. The data will be used to help other agencies plan their programs to meet patient needs.

Nutrition services are family centered. Special counseling is provided to those with dietary problems and programs to improve home management skills are being developed with the help of a home economist. The staff worked closely with other agencies in preparing for the food stamp program.

A family planning clinic was organized through the cooperation of the United States Public Health Service Hospital in Brighton, and attendance continues to grow.

Suitable blood donors are screened and their blood tested and processed to produce anti-Rh gamma globulin. This is a cooperative venture among the Maternity and Infant Care Project, the Division of Biologic Laboratories, the Massachusetts Red Cross Blood Program, and the Blood Grouping Laboratory of Children's Hospital. Its purpose is to prevent the sensitization of Rh negative mothers.

A program was developed to train non-professional child care workers. Workshops at the Educational Development Corporation initiated the trainees, and cooperating nursery schools provided experience with groups of young children. A laboratory school is needed, but one directed toward training the community worker rather than the student of child development.

Community health action will be intensified during the Project's second year. It is hoped that advisory committees representative of the neighborhoods can be developed for each clinic to guide its development and to advise the Project Director.

Training Center for Comprehensive Care

The Training Center for Comprehensive Care was established to develop short-term training programs for professional health personnel with emphasis on out-of-hospital care. Since its inception, the Center has broadened its purpose to include the training of non-professionals as well as professionals. The emphasis on the non-professional training is on training the poor for jobs in health, and helping to find ways to meet the vast health manpower needs.

The Training Center has sponsored six short-term programs for professionals this year, including two for physicians and four for multidisciplinary health professionals. It has also worked with the Department to develop in-service training programs and is now working with the Social Work Section on curriculum development to train Department workers who have only a bachelor's degree.

A study was begun to see whether training relatives of stroke patients to care for the patients could lead to some change in patterns of care. A program is currently being developed to train physicians office assistants as a means of improving the quality of office care.

Thirty-nine Home Health Aides and eighty-six Health Aides were trained this year. As a means of expanding the training of the poor for jobs in the health field, the Center has also begun training trainers from the other New England states to promote the establishment of similar training centers elsewhere. Both the training of professionals and the training for entry-level jobs are currently being evaluated in order to formulate guide lines for program development.

A survey of existing training programs in Massachusetts was completed and the Center is developing a national model for similar program surveys.

The original contract to provide short-term training for professionals in out-of-hospital care was concluded in September. The Center will continue to train professionals with an emphasis on improving care in the community. Specific programs include training of office assistants, continued physician education, and continued work with relatives. Short term training for professionals will be coordinated on request. The Center will continue to develop curricula to train the poor for jobs in health as well as to implement the training. Development of a model for surveying existing health manpower training programs is also planned.

Division of Health Education

Recent Federal legislation has given special emphasis to the involvement of the consumer in planning for and delivering needed health services of all kinds. Although financing and establishment of health services are important first steps, success or failure of the program hinges on the degree to which it is utilized by the target population. Utilization alone, however, is not enough. Intelligent follow-through on a proper health regimen for daily living is essential if good health is to be achieved and maintained. To assist the consumer in achieving this understanding, to provide him with basic information, and to motivate him are the purposes and functions of the Division. These goals require service functions to assist other Departmental units in planning their educational programs, cooperation with other official and voluntary health agencies and direct community programming.

The World Health Assembly, scheduled for Boston in July 1969, involved several staff members in working with World Health Organization personnel from Geneva to locate resources for this major international conference. Since official delegates will be attending from some one hundred and twenty-eight member nations, and this will be only the second time the Assembly has met in the United States, it is essential that attention be given to exact planning to the last detail. A bilingual brochure in English and French has been prepared for distribution to delegates.

The Regional Health Educators were involved in a wide gamut of special programs. These included regional interagency councils on smoking, migrant health, screening programs for glaucoma detection, special regional programs such as development of homemaker services and multi-service centers, injury control, day care licensing agencies, cooperative programs with 4-H organizations, school health, and staffing the associations of local boards of health.

The Health Education Advisor was assigned to the Division of Adult Health to provide staff service to the State interagency council on smoking. This coordinating group held a large annual meeting conference; a periodic news letter was circulated to offices of all member agencies. The second Health Education Advisor was loaned to the Division of Communicable Diseases

for one year to conduct a special project evaluating materials available for venereal disease education.

The Director continued to maintain coordination with other major health agencies. To assist this function, the following offices were accepted: member of the Board of Directors of the Massachusetts Health Council (Chairman of Public Relations); the Planned Parenthood League of Massachusetts; the Massachusetts Heart Association; member of the executive board of the Greater Boston Chapter of the Massachusetts Heart Association; member of the Legislative Committee of the Massachusetts Public Health Association.

The public and the news media have become increasingly interested in health activities and new developments. Although there is the danger that the sensational or the latest research be emphasized unduly, in general this interest can be channeled to reporting of public health activities which interpret the aims and purposes of the Department. During the year news stories and features were released and television and radio programs scheduled. Newsclips from papers, excluding Boston dailies and Sunday editions, totaled about four thousand.

A monthly article, treating a single topic in depth and written in simple non-technical language, was sent to the weekly papers of the State. Released under the byline "Your State of Health," this feature has developed a considerable following.

Special programs were provided during the year for dedication of new building facilities at Tewksbury and Western Massachusetts Hospitals. Staff assisted with the Governor's Conferences on Nursing Utilization, Drug Dependency and Hospital Planning. Student trainees in journalism from the Job Corps and from ABCD were given supervision and training.

"This Week in Public Health" was published weekly and mailed to its twenty-seven hundred readers from the professional health community. The year saw a new cover design and a change in type face. The Departmental column in the New England Journal of Medicine was provided with a distinctive identifying headline design.

The numerous and diversified program activities of the Department require publication of many printed materials which are processed in the Production Services unit of the Division. Materials can be produced more quickly and at less cost than through outside contract. During the year two issues, 1964 and 1965, of Document #1 (Annual Report of Vital Statistics) were produced for the Division of Health Statistics. Formerly, each issue cost five thousand dollars for printing through outside contract. The two issues were produced by the unit for less than fifteen hundred dollars each.

Art, photography, exhibits, visual aids, workshops, lectures and the film library fall within the scope of the Visual Communications unit. The TV workshop, started last year at the Massachusetts Hospital School was continued and completed. The workshop should have lasting implications for the Department's future use of television and perhaps for the over-all

educational television program for Massachusetts.

Other areas of TV involvement were at Rutland Heights Hospital and at the Institute of Laboratories. A proposed TV studio and control room for the hospital would utilize present closed circuit television equipment and existing facilities with only slight modification. A closed circuit television system, studio and control room were designed for the new laboratory building.

Training and experience gained on the faculty of the Advanced Training Aide Course at Newport, Rhode Island, have been utilized in similar courses for the Department. An advanced course for the Division of Dental Health is planned.

Lectures and workshops were conducted at Massachusetts Conference of Tuberculosis Workers, Massachusetts Dental Society, Forsyth Dental Center, University of Rhode Island, Maine Health Council, Professional Improvement Conference, Massachusetts Department of Education, Blue Hills Regional Technical School, David Hale Fanning Trade High, Essex County Teachers Workshop, Elementary Dental Educators at the Statler, and Dental Educators Workshop at Danvers.

The design and production of visuals for overhead production has increased to more than three times last year's volume. This use of equipment and technology is beginning to affect methods of communication in the Department significantly. Major exhibits designed and constructed this year were for Drug Addiction, Day Care, Smoking, and Blood Fractionation. There is a growing need for a Visual Communications and Training Aids Section within the Division, to serve an exploding population and insure an informed public.

Division of Medical Care and Program Planning

The Division of Medical Care was established in the office of the Commissioner to coordinate the medical care activities of several divisions and sections within the Department and to serve as a bridge between the Department and other agencies with medical care interests. Internal relationships have centered upon the Title XVIII responsibilities of the Department, but recently the Division has become concerned with program evaluation and planning activities. External relationships involve primarily the Social Security Administration, the Department of Public Welfare and its Medical Assistance Advisory Council and, less frequently, the Comprehensive Health Planning Unit of the Executive Office for Administration and Finance.

The inauguration of regular meetings attended by representatives of the Division and Sections involved in the Medicare program has mitigated the effects of fragmented administration by providing a forum for discussion of the program as a whole. The closer relationships among the central divisions, however, are inadequately reflected at the regional and local levels. The concept of health facilities and services as part of a system has been introduced and discussed at length, and innovations in the approach to the certification (and licensure) process have been explored,

particularly the use of a multidisciplinary team for carrying out inspections and for providing consultation. Testing of the team approach could develop a pattern of improved and more consistent inspections which in turn should lead to increased use of the consultation and advisory services.

In relation to administration of the Massachusetts Medical Assistance Program, a rapport has gradually developed with the Department of Public Welfare. In time this may lead to an effective partnership toward the goal of introducing innovative systems of health care. Meantime some minor but concrete progress has been achieved through the Standards Subcommittee of the Advisory Committee.

Task forces have been established to consider Conditions of Participation for Provider Groups -- to date for dental services and for nursing home care. The former is well on the way toward completion. The limited information available on utilization of services under the program stimulated the collection of data on dental services and produced a report that contributed greatly to the deliberations of the dental task force.

In its role as resource for the Comprehensive Planning Unit of the Executive Office for Administration and Finance, and as the Planning Unit for the Department, the Division has made efforts to provide material useful for intra-departmental circulation. Broad goals for the Department have been developed and preliminary steps taken toward program evaluation. A unit for program evaluation and planning has been added to the Division, and an Assistant Director appointed to head it.

On behalf of the Commissioner, the Division reviewed project applications, prepared special reports and served as consultant both within and outside the Department.

In the future, an attempt will be made to alter the existing pattern of licensure and certification inspections from the generalist to a team approach. Efforts will be made within the Division to set up the consultant team necessary to provide a multidisciplinary approach to the medical care program in a health district, with a view to the early transfer of its operations to the Regional Health Office. An attempt will be made to assess the impact of such an approach on the utilization of services.

In the Medical Assistance Program, there will be a continuing effort to establish standards and quality controls. Indices of quality for major services will be developed in preparation for computer monitoring.

The Division's new planning unit will coordinate the work of the separate Divisions in the preparation of the State Plan. A profile of State-wide health needs and resources will be developed as an integral part of the State Plan against which Departmental objectives will be matched.

Among specific activities projected are creation of problem oriented task forces to develop specific plans of action; development of indices of health needs, and analysis of selected Departmental programs. The planning unit will continue to cooperate and act as resource to the

Comprehensive Health Planning Agency in the Executive Office for Administration and Finance.

Division of Public Health Research, Development, and Professional Training

The purpose of this Division is to administer or conduct training projects and research-development projects within the Department, and to develop training programs for education of key personnel.

Five residents have been enrolled this year in the two-year Residency Training Program for physicians in Public Health. Sixteen medical students and six dental students were enrolled in the Apprenticeship Training Program, which provides an orientation and introduction to Public Health and to Community or Social Dentistry, for first and second year medical and dental students during the three summer vacation months.

An introduction to or overview of potential careers in public health is provided by the Public Health Service Internship for College Students. Arrangements have been made through the College Work Study Program of the Commonwealth Service Corps to place eighteen college students within the Department for summer employment and supervised on-the-job training.

In response to the interest of many sanitarians and directors of health, the Division, chiefly represented by the Supervisor of Training, cooperated with the Massachusetts Board of Regional Community Colleges in developing an Associates Degree crediting program in environmental health or sanitary science. A course leading to an Associate Arts degree is being offered this fall at four of the regional community colleges: Worcester, Massachusetts Bay, Northshore, and Springfield. The New England Institute of Anatomy and Sanitary Science and Embalming has applied to the Board of Education for the opportunity to grant a similar degree.

A course on Field Enforcement Aspects of Air Pollution was conducted for sanitarians and sanitary engineers. Twenty experts presented aspects of the problem or participated in the panel discussion presentation.

More than one hundred took part in the Governor's Conference on Nursing Utilization, jointly sponsored by the Departments of Public Health, Mental Health, and Correction, Soldiers' Home, the Board of Registration of Nursing, Civil Service, and the United States Department of Health, Education, and Welfare. The Supervisor of Training coordinated this conference and developed its program. A second Governor's Conference is anticipated for 1969.

A symposium on birth defects was conducted at Lakeville Hospital for physicians, nurses and public health workers. In this case also the success of the program has resulted in a call for another, larger symposium on the subject in 1969.

A short course of orientation for new employees is under development. On their first day of employment they will receive an orientation

kit, the contents of which include the Employees Handbook developed through this Division. Audiovisual aids will be used in connection with the new course. In the area of in-service training, clerical training has been provided, and the Supervisory Management Training Program continued.

The use of television as a medium for biomedical communication via the projected multi-channel State-wide system has been delayed by a lag in the construction of the Government Center's Health, Education, and Welfare Building. The allocation of one channel which can be received only at hospitals, medical schools, mental health centers, and the Departments of Public and Mental Health -- thereby achieving the confidentiality necessary for biomedical communication -- will be of paramount importance for the continuing education of personnel.

A demonstration of some of the medical uses of television was conducted during the week of May 20, 1968. Transmitters and studios of the Catholic TV Center were used, and audiences congregated at seven reception centers. Special reception facilities were provided in conjunction with the meetings of the Massachusetts Medical Society. Both videotape and live programming were used.

Among the agencies and individuals assisted by the Division were: 1) the Framingham School Department in a project for developing a vocational training program for trainable mentally retarded sixteen-year-olds (or older); 2) the Wistar Institute, in field trials of rubella vaccine at the Boston School for the Deaf; 3) the Special Education Division of the Department of Education in assessing the effect of the 1963-64 rubella epidemic on needs for special education of congenitally deaf children.

The Director served as medical consultant to the Special Legislative Commission for Retarded (or otherwise handicapped) Children. Several items of legislation of Departmental interest have been obtained through this Commission in the past.

During the year, one hundred and forty-five persons were provided with on-the-job training, either in academic courses or in specialized education by professional associations or other agencies.

In the future the Division plans to continue and expand its training programs. It will press for wider availability of the degree-granting program in community colleges. Useful conferences and symposia will be programmed. The orientation program for new employees will go into operation. The necessity of a confidential television channel for medical use will be urged in connection with development of the multi-channel State-wide television complex.

Regulations

The following rules and regulations have been promulgated by the Department and are still in effect:

Distribution of biologic products

Adopted 4/9/35; amended 5/14/40; 1/11/49; 12/15/53

Sale of surplus biologic products

Adopted 4/12/49; amended 4/15/53

Use of blood or other tissues for purposes of transfusion

Adopted 1/10/39; amended 4/10/39; 10/7/41; 11/4/41; 9/14/48; 3/11/52; 6/12/56; 7/10/62; 1/12/65; 1/9/68

Cancer clinic and service unit values

Adopted 8/12/26; amended 6/14/27; 3/13/28; 1/5/35; 9/14/43; 10/5/43; 11/1/43; 12/14/43; 4/11/44; 1/14/47; 10/18/55

Diseases dangerous to public health

Adopted 1907; amended 12/15/14; 12/14/15; 2/16/17; 4/3/17; 12/18/17; 10/29/18; 11/18/20; 12/8/21; 9/18/28; 6/11/35; 12/10/35; 11/10/36; 2/14/39; 5/1/41; 5/12/42; 4/14/43; 10/5/43; 12/14/43; 1/11/44; 11/3/48

Diseases declared to be dangerous to the public health and reportable

Adopted 1907; amended 12/15/14; 12/14/15; 2/16/17; 4/3/17; 12/18/17; 10/29/18; 11/18/20; 12/8/21; 9/8/28; 6/11/35; 12/10/35; 11/10/36; 2/14/39; 5/1/41; 5/12/42; 4/14/43; 10/5/43; 12/14/43; 1/11/44; 11/3/48

Isolation and quarantine requirements of diseases declared to be dangerous to public health

Adopted 8/9/38; amended 5/13/41; 1/11/44; 11/3/48; 8/12/52; 8/11/64

Conveyance of bodies dead of diseases dangerous to public health

Adopted 7/12/38; amended 8/9/38; 2/14/39

Funerals of persons dead of any disease dangerous to public health

Adopted 8/9/38; amended 5/13/41; 1/11/44

Procurement of impounded animals from animal pounds for purpose of scientific investigation, experiment or instruction, or for the testing of drugs or medicines

Adopted 12/10/57

Treatment of persons exposed to rabies

Adopted 8/10/37; amended 5/13/41; 12/12/67

Approval of bacteriological and serological laboratories

Adopted 9/12/39

Manufacture and bottling of carbonated non-alcoholic beverages, soda water, mineral and spring water

Adopted 11/12/35; amended 4/7/36

Uncarbonated fruit beverages

Adopted 5/8/56; amended 3/8/66; 5/9/67

Slaughtering and meat inspection

Adopted 7/9/31; amended 12/10/35; 9/14/43

Poultry slaughterhouses

Adopted 9/14/43; amended 8/6/46

Approval of contracts for the production and distribution of certified milk

Adopted 7/14/36; amended 10/14/36

Frozen desserts and ice cream mix

Adopted 9/11/34; amended 5/8/56; 6/9/59; 12/8/59

Bakeries and bakery products

Adopted 2/14/33; amended 1/10/50

Definition of "pasteurized milk"

Adopted 7/8/41; amended 11/4/41; 6/15/50

Establishments for pasteurization of milk

Adopted 2/12/35; amended 6/15/50; 10/20/53; 6/12/56

Addition of vitamins and minerals to milk, nonfat milk, skimmed milk, fortified nonfat milk, and fortified skimmed milk

Adopted 2/13/62

Standards and definitions of purity and quality of food

Adopted 2/9/37; amended 5/8/56; 11/10/64

Dietetic foods

Adopted 5/12/53

Orange juice drink and reconstituted orange juice drink

Adopted 11/10/59; amended 3/8/66; 5/9/67

Cacao products

Adopted 8/13/57

Licensing of hospitals and sanatoria

Adopted 4/14/42; amended 2/9/43; 12/14/43; 3/14/50; 1/12/65; 11/8/66; 12/12/67

Licensing of rest homes

Adopted 11/3/48; amended 12/3/57

Licensing of convalescent or nursing homes

Adopted 11/3/48; amended 12/3/57; 11/8/60; 6/9/64; 8/10/65; 6/14/66; 9/12/67; 10/10/67

Dispensary license

Adopted 1/12/19; amended 5/13/19; 5/10/38; 6/9/64; 12/14/65; 12/13/66

or preventing the pollution and securing the sanitary protection of certain waters used as sources of public water supply

Adopted 10/11/60

Cross connections between public water supplies and fire and industrial water supplies

Adopted 2/9/37; amended 5/12/42; 10/9/51

To prevent pollution or contamination of any or all of the lakes, ponds, streams, tidal waters and flats within the Commonwealth or of the tributaries of such tidal waters and flats

Adopted 8/14/45; amended 10/14/45

Supervision of plumbing

Adopted 6/11/35; amended 8/6/40; 1/10/50; 5/8/56

Operation of plants for the purification of shellfish

Adopted 6/5/28; amended 10/7/41

Enrichment of flour, white bread and rolls

Adopted 11/3/48

Establishing grades of milk

Adopted 5/8/35; amended 11/17/48; 6/12/56

Egg nog

Adopted 6/12/56

Flavored milk

Adopted 6/12/56

Fortified nonfat milk, half and half, standardized milk

Adopted 7/10/56

Cottage cheese

Adopted 7/10/56

Mayonnaise, mayonnaise dressing, mayonnaise salad dressing, salad dressing, french dressing

Adopted 7/10/56

Fruit butter, fruit jelly, preserves and jams

Adopted 7/10/56

Sale of rabbits intended for food purposes

Adopted 5/14/29

Manufacture and labelling of articles of bedding and upholstered furniture

Adopted 11/12/35

Cold storage

Adopted 10/10/33

Dental clinic license

Adopted 8/10/43; amended 6/9/64

Standards for tuberculosis hospitals and sanatoria

Adopted 6/14/27; amended 6/5/28; 8/12/32; 1/17/33; 5/10/38; 10/21/48

Police station houses, lock-ups, houses of detention, jails, houses of correction, prisons and reformatories

Adopted 1910; amended 4/8/30; 6/15/48

Subsidy for the hospitalization of the tuberculous

Adopted 5/11/20; amended 6/5/28; 2/14/33; 3/13/34

Minimum requirements for tuberculosis dispensaries are defined by Department of Public Health

Adopted 4/6/15; amended 7/11/16; 11/7/19; 7/14/25; 4/11/33

Active tuberculosis and methods of determining it in certifications made by boards of health and physicians

Adopted 12/11/56

Responsibility of superintendent or director of a tuberculosis hospital

Adopted 5/14/57

Hospitalization of patients with chronic rheumatism

Adopted 5/8/45

Reporting and control of venereal diseases

Adopted 12/18/17; amended 5/12/18; 6/11/18; 3/11/19; 11/12/23; 10/1/25; 10/8/29; 1/14/30; 1/14/36; 8/9/38; 4/11/44; 11/3/48

Treatment of persons suffering from venereal diseases who are unable to pay for private medical care

Adopted 2/14/33; amended 8/10/37; 8/9/38; 9/12/39; 11/6/40; 4/13/48; 11/3/48

Issuance of premarital medical certificates

Adopted 4/11/50

Physical examination of school children

Adopted 3/11/52; amended 8/25/53; 3/9/54; 2/14/56

Plastic bags and plastic film

Adopted 4/12/60

Disposal of containers of poisonous substances

Adopted 4/12/60

Administration and dispensing of harmful drugs

Adopted 2/14/61

Standards of identity and purity for Chlortetracycline to be used in the manufacture of Chlortetracycline Ice

Approved 11/10/59 and 12/8/59

Labelling of receptacles containing Benzol (Benzene), Carbon Tetrachloride and other harmful substances (approved jointly with Department of Labor and Industries)

Adopted 6/12/56

Sanitary Code, Article I, "General Application and Administration"
Adopted 9/15/60

Sanitary Code, Article II, "Minimum Standards of Fitness for Human Habitation"
Adopted 9/15/60; amended 12/12/61

Sanitary Code, Article III, "Housing and Sanitation Standards for Farm Labor Camps"
Adopted 10/11/60

Sanitary Code, Article IV, "Sanitation Standards for Recreational Camps for Children"
Adopted 11/7/61; amended 5/14/63

Sanitary Code, Article XI, "Minimum Requirements for the Disposal of Sanitary Sewage"
Adopted 1/9/62; revised 5/15/62; 4/12/66

To prevent pollution or undue contamination of the atmosphere within the Metropolitan Air Pollution Control District
Adopted 7/11/61

To control the radiation hazards of radioactive materials and of machines which emit ionizing radiation
Adopted 2/13/62

Definitions, rules and regulations pertaining to bedding, upholstered furniture and related products
Adopted 5/15/62; amended 9/12/63; 9/13/66; 5/9/67

Regulations relative to storage and distribution of frozen foods
Promulgated by Director of Food and Drugs, effective 8/1/60; amended 11/10/64

Regulations promulgated by Director of Marine Fisheries
Approved for sanitary requirements 4/13/42; 12/10/57

Regulations promulgated by the Director of Marine Fisheries relative to permits and certificates issued for the sanitary control of the shellfish industry, and relative to the sanitary condition of scallop operations
Approved 7/11/61; 9/19/61

Standards of admission, treatment, transfer and discharge of tuberculosis patients
Adopted 2/12/63

Hospital or sanatorium treatment standards for tuberculosis
Adopted 2/12/63

Sanitary Code, Article VIII, "Minimum Standards for Developed Family Type Camp Grounds"
Adopted 5/14/63

Regulations relative to devices
Adopted 4/9/63

Regulations for day care services for children

Adopted 12/10/63

Regulations relative to the identity, manufacture and sale of frozen dietary dairy desserts

Adopted 1/14/64

Sanitary Code, Article VI, "Minimum Standards for Swimming Pools"

Adopted 4/14/64

Sanitary Code, Article X, "Minimum Sanitation Standards for Food Service Establishments"

Adopted 1/1/65

Regulations relative to fish and fish products

Adopted 4/12/66

Standard of identity for baked beans

Adopted 11/9/65

Regulations governing transparent and semi-transparent wrappers and coverings

Adopted 11/9/65

Regulation relative to Care of Prematurely Born Infants

Adopted 11/8/66

Regulations relative to Lower Pioneer Valley Air Pollution Control District

Adopted 7/11/67

Regulations relative to retail food establishments

Adopted 10/10/67

Regulations relative to certification of a home health agency

Adopted 12/12/67

Regulations relative to construction of new convalescent or nursing homes

Adopted 3/12/68

Regulations relative to ambulances

Adopted 4/9/68

Standard of identity for meat patty and meat steak

Adopted 4/9/68

Rules relative to visitation rights and educational and recreational opportunities for farm workers

Adopted 6/11/68

Regulations relative to control and elimination of rats

Adopted 6/11/68

Legislation

The following legislation of particular interest to public health was passed by the 1967 Legislature and enacted into law:

Acts of 1967 (July 1, 1967 - January 2, 1968)

- 420 - An act further regulating the recovery of possession by summary process of rented or leased premises in cases of violation of standards of fitness for human habitation.
- 425 - An act establishing the legal standard for low-fat milk and defining 'fortified low-fat milk.'
- 455 - An act relative to disposal of privy, cesspool and septic tank contents.
- 459 - An act relative to the copying of civil service examination questions for purposes of appealing marks.
- 481 - An act establishing minimum standards of quality for anti-freeze.
- 482 - An act increasing the maximum weekly benefits for incapacity under the Workmen's Compensation Act.
- 494 - An act authorizing the Department of Public Health to lease a certain parcel of land in the Town of Tewksbury to Tew-Mac Aviation, Inc.
- 497 - An act authorizing the Commissioner of Public Health to convey a certain parcel of land in the Town of Tewksbury to said Town.
- 507 - An act subjecting certain persons who discharge oil and petroleum products into certain inland waters and into tidal waters to tort liability in double damages.
- 508 - An act defining 'chronically non-resident person' under the Public Health Laws relative to persons infected with certain diseases dangerous to the public health.
- 528 - An act authorizing Blood Research Institute, Inc. to establish and maintain a blood bank, so called.
- 553 - An act relative to the basis for the annual assessment for the Essex County, City of Revere and Towns of Winthrop and North Reading mosquito control project.
- 590 - An act relative to the vaccination and immunization of school children.
- 658 - An act reorganizing the Department of Public Welfare and providing for the direct administration of the Public Welfare System of the Commonwealth by said Department.
- 682 - An act to provide for a capital outlay program for the Commonwealth.

- 716 - An act further extending the time for the withdrawl of additional deductions paid into the annuity savings fund of contributory retirement systems.
- 718 - An act establishing minimum wage for farm workers and providing for the annual inspection of farm labor camps.
- 724 - An act establishing a board to adopt rules and regulations for the construction and maintenance of public buildings for the purpose of facilitating the use of such buildings by physically handicapped persons.
- 727 - An act changing the job group of certain positions in the classification and pay plan for the Commonwealth.
- 747 - An act relative to the eligibility date for the retirement from the public service of certain employees under the Veterans Retirement Law.
- 754 - An act authorizing the Department of Public Health to make grants to cities and towns for rat control.
- 768 - An act to control unfair trade practices in the milk industry.
- 773 - An act authorizing the Registrar of Motor Vehicles to suspend licenses to operate motor vehicles following refusal to submit to chemical tests or analyses designed to measure intoxication.
- 774 - An act providing for collective bargaining for employees of the Commonwealth.
- 780 - An act making certain changes in the civil service law to provide for more efficient and modern operations.
- 801 - An act providing for the entry of the Commonwealth into the New England Compact on Radiological Health Protection.
- 804 - An act authorizing the Town of Franklin to borrow money outside its debt limit for the construction of a surface water reservoir in said Town.
- 810 - An act directing the Department of Mental Health to construct, operate and maintain a building in the City of Brockton to be known as the Comprehensive Mental Health and Public Health Center.
- 813 - An act providing protection for the consumer against unfair trade practices.
- 831 - An act establishing the Lancaster Sewer District.
- 844 - An act making the terms of certain department heads and others co-terminous with that of the Governor.
- 865 - An act providing that the Department of Public Health establish a program for the care, treatment and medical rehabilitation of epileptics.

- 873 - An act making certain corrective changes in the law relative to water pollution control.
- 891 - An act further regulating the licensing of hospitals, clinics, infirmaries, and nursing homes and other institutions.
- 900 - An act providing for the declaration of air pollution emergencies by the Commissioner of Public Health with the approval of the Governor.

Resolves of 1967 (July 1, 1967 - January 2, 1968)

- 80 - Resolve further authorizing the special commission established to make an investigation and study relative to the establishment of a State Board of Examiners of Bioanalytical Laboratories to file reports from time to time.
- 121 - Resolve increasing the scope of the special commission established to make an investigation and study relative to the advisability and feasibility of the establishment of a uniform state building code.
- 131 - Resolve providing for an investigation and study by a special commission relative to the conduct, operation, administration and management of state governmental departments, agencies, boards, divisions and commissions.
- 133 - Resolve providing for an investigation and study by a special commission relative to the improvement of the Merrimack River.
- 140 - Resolve providing for an investigation and study by a special commission relative to the widespread increase in the rate of venereal disease in the Commonwealth.
- 151 - Resolve reviving and continuing the special commission established to make an investigation and study of the condition of dental health, especially among children, and of appropriate measures towards eliminating dental decay, including the fluoridation of all community water supplies.
- 156 - Resolve providing that the special commission established to make an investigation and study of the laws of the Commonwealth regulating the manufacture, transportation, storage, and sale of alcoholic beverages may travel without the Commonwealth.
- 158 - Resolve authorizing the Department of Public Utilities and the Department of Public Health, acting as a joint board, to make an investigation and study relative to the problems of certain small private water utility companies.
- 159 - Resolve extending the time within which the retirement law commission shall complete its investigation and study relative to certain retirement systems and related matters and file its final report.

- 164 - Resolve providing for an investigation and study by a special commission relative to the extent of the use of harmful, injurious or illegal drugs within the Commonwealth.
- 165 - Resolve providing for an investigation and study by a special commission relative to the pollution of Lake Cochituate.
- 166 - Resolve increasing the scope of the special commission established to make an investigation and study relative to 'nearby' differential payments to Massachusetts milk producers.
- 169 - Resolve providing for a study by a special commission of the operation of the Medicaid program, so called, in the Commonwealth.

Acts of 1968 - (January 3, 1968 - June 30, 1968)

- 1 - An act further extending certain provisional appointments and temporary transfers for a limited period.
- 2 - An act relative to the preservation and inspection of civil service applications, recommendations and examination papers.
- 12 - An act requiring appointing authorities to keep on file written approval of leaves of absence.
- 15 - An act providing that a certain physical condition or disease resulting in total or partial disability or death to permanent members of the park police of cities and towns shall be presumed to have been suffered in the line of duty with reference to the accidental disability law.
- 21 - An act providing that medical reports of deceased attending and examining physicians shall be admissible in evidence in Workmen's Compensation cases.
- 24 - An act designating certain Mondays as legal holidays.
- 42 - An act relative to the keeping of records of births, marriages and deaths by city and town clerks.
- 47 - An act relative to the expiration date of permits to sell anti-freeze solutions.
- 80 - An act relative to the terms of office and qualifications of local superintendents of pest control.
- 84 - An act relative to the return and registry of birth records.
- 91 - An act further defining eligibility for certain promotions under the civil service law.
- 98 - An act increasing the retirement allowance of police and fire fighters in towns and fire fighters in districts who retire under the Veteran's Retirement Law.

- 128 - An act exempting certain manufacturers of harmful drugs from the licensing requirements of the Commonwealth if they have Federal registration.
- 132 - An act making appropriations for the fiscal year ending June thirtieth, nineteen hundred and sixty-eight, to provide for supplementing certain existing appropriations and for certain new activities and projects.
- 137 - An act further regulating the qualifications of applicants for a license to practice chiropractic.
- 153 - An act requiring model city agencies to notify certain historical commissions of public hearings.
- 234 - An act relative to the period for which certificates of limited registration may be issued to certain physicians.
- 269 - An act authorizing political subdivisions of the Commonwealth to form groups for the purpose of making collective purchases.
- 274 - An act providing for adequate plumbing facilities in jails.
- 287 - An act placing additional restrictions upon the sale of medicinal preparations containing narcotic drugs, which are exempt from the provisions of the narcotic drugs law.
- 320 - An act authorizing certain persons who have studied nursing to take the examination to become a licensed practical nurse.
- 321 - An act authorizing the County Commissioners of the County of Dukes County to participate in the public health program established in said county by the Department of Public Health.
- 323 - An act making uniform certain provisions of law concerning the employment of persons eighteen years and older.
- 338 - An act increasing the retirement allowance of certain city or town employees who retire under the Veterans Retirement Act.
- 358 - An act eliminating the recitation of color, weight, and use of prophylactic on records of birth and providing for certain statistical information.
- 360 - An act authorizing the town of Dover to maintain, operate and develop a water system.
- 380 - An act making appropriations for the fiscal year nineteen hundred and sixty-nine, for the maintenance of the departments, boards, commissions, institutions and certain activities of the Commonwealth, for interest, sinking fund and serial bond requirements, and for certain permanent improvements.
- 406 - An act relative to requiring sprinkler systems in convalescent and certain other homes containing twenty-five beds or less.

- 422 - An act providing for the sale of water by the City of Springfield to the town of Blandford.
- 427 - An act authorizing the establishment of a drug abuse information bureau in the county of Barnstable.
- 433 - An act authorizing payroll deduction on account of contributions by State employees to the Massachusetts Independent Health Agencies.
- 443 - An act making appropriations for the fiscal year ending June thirtieth, nineteen hundred and sixty-eight, to provide for supplementing certain existing appropriations and for certain new activities and projects.
- 444 - An act protecting the inland wetlands of the Commonwealth.
- 455 - An act repealing an act relative to the construction by the Metropolitan District Commission of an aqueduct system from Wachusett Reservoir to the Merrimack Valley to supply additional towns and districts with water.

Resolves of 1968 (January 3 - June 30, 1968)

- 15 - Resolve increasing the membership of the special commission established to make an investigation and study of programs and facilities for the treatment of alcoholics.
- 19 - Resolve increasing the scope of the special commission established to make an investigation and study of programs and facilities for the treatment of alcoholics.
- 28 - Resolve providing for an investigation and study by the Department of Public Health of atmospheric pollution in the City of Quincy.
- 32 - Resolve increasing the scope of the investigation and study by the Planning Division of the Department of Commerce and Development relative to planning and zoning by cities and towns.
- 39 - Resolve increasing the scope of the special commission established to make an investigation and study of the problems of air pollution, noises and other menaces to public health and safety affecting the area surrounding the General Edward Lawrence Logan International Airport.
- 45 - Resolve increasing the scope of the special commission established to make an investigation and study of the problems of water pollution in the Commonwealth and the laws thereof relating to water pollution.
- 48 - Resolve increasing the scope of the special commission established to make an investigation and study relative to the extent of the use of harmful, injurious or illegal drugs within the Commonwealth.

- 52 - Resolve increasing the scope of the special commission established to make an investigation and study relative to the sale or manufacture of eyeglass frames or sunglass frames containing combustible materials and other matters relative thereto.
- 53 - Resolve increasing the scope of the special commission established to make an investigation and study relative to programs and facilities for the treatment of alcoholics.
- 65 - Resolve increasing the scope of the special commission established to make an investigation and study relative to the enforcement of the laws prohibiting air pollution.
- 82 - Resolve providing for an investigation and study by a special commission relative to alleviating the shortage of nurses in the Commonwealth.
- 95 - Resolve providing for an investigation and study by a special commission of the Massachusetts State Throat Culture Program.
- 101 - Resolve increasing the scope of the special commission established to make an investigation and study relative to the extent of the use of harmful, injurious or illegal drugs within the Commonwealth and authorizing said commission to file reports from time to time.

RECOMMENDATIONS FOR 1969 LEGISLATION

Following is the legislation to be submitted to the next session of the General Court by the Department:

1. AN ACT AUTHORIZING THE COMMISSIONER OF PUBLIC HEALTH TO MAKE AWARDS COMMEMORATING THE 100TH ANNIVERSARY OF THE DEPARTMENT OF PUBLIC HEALTH.

This act authorizes the Commissioner of Public Health to make centennial awards.

2. AN ACT RELATING TO ADMISSION OF CRIPPLED CHILDREN FROM OTHER JURISDICTIONS.

Since the development of the Massachusetts Hospital School, and particularly in recent years, the orthopedic surgeons associated with the Hospital School have developed skills that have enabled many of our children to recover sufficiently from their physical disabilities and obtain an education during the process of treatment which has enabled them to return to the "outside world" as useful and productive citizens. In the course of treating many of these children, we have also trained young orthopedic surgeons who have moved elsewhere but do recall their training and the excellent physical plant, both hospital and school, identified with this institution. From time to time we now receive requests from these same orthopedic surgeons whom we have trained to accept a child from outside the State whom they feel could profit both by the treatment and the school training offered at the Massachusetts Hospital School.

The trustees of the Massachusetts Hospital School petition the General Court to modify the present law concerning admissions to the Hospital School and admit these selected patients for treatment and schooling when a vacancy in the Hospital School exists and when no crippled child from the Commonwealth of Massachusetts is on the waiting list, and provided further that all costs for the care and treatment of such children shall be paid by the sponsor or other agencies.

3. AN ACT RELATING TO THE ADMISSION OF CHILDREN WITH "SEIZURES" TO THE MASSACHUSETTS HOSPITAL SCHOOL.

It is now generally known that patients suffering from seizures previously identified as epilepsy can be successfully treated, or have their seizures modified by medication. Many times these patients have difficulty in accommodating to the pressures of regular schools and yet, on the other hand, many have superior learning ability. The present working of the law concerning admissions to the Massachusetts Hospital School specifically excludes patients with epilepsy without any qualification.

The trustees of the Massachusetts Hospital School petition the General Court to change this law and permit the admission of children with seizures for care and treatment to said Hospital School, subject to such rules and regulations as the Board of Trustees may adopt.

4. AN ACT RELATING TO CHARGES FOR CHILDREN AT THE MASSACHUSETTS HOSPITAL SCHOOL.

The cost of maintaining patients at the Massachusetts Hospital School has increased, as has hospital care elsewhere. The figure of \$17.50 per week to be paid by the town wherein the patient has legal settlement is not realistic, especially since the advent of Medicaid and other third party payment mechanisms.

The Board of Trustees of the Massachusetts Hospital School respectfully petition the General Court to eliminate the third sentence of section 62M, Chapter 111 of the General Laws, and permit the rate to be changed for the care of said children to be approved by the Rate Setting Commission in accordance with such costs as are developed by a hospital cost-accounting method.

5. AN ACT RELATIVE TO CLINICAL LABORATORIES.

The purpose of this act is to provide for the better protection of public health through the development, establishment, and enforcement of standards for the licensure of clinical laboratories by providing qualifications for the director of scientific and professional competency. The act shall be liberally construed to carry out these objectives and purposes.

6. AN ACT RELATING TO THE LICENSING FEE FOR CONVALESCENT HOMES, NURSING HOMES, INFIRMARIES AND CHARITABLE HOMES FOR THE AGED.

It is felt that the licensure fee of \$25.00 covering a period of two years (except in the case of a six-month provisional license) is extremely minimal and that consideration should be given to increasing it. It has been many years since the fee changed.

7. AN ACT RELATING TO APPROVAL OF ARCHITECTURAL PLANS BY THE DEPARTMENT.

It is felt that this act would serve to prevent the construction of the facilities mentioned in this act without prior approval by the Department.

8. AN ACT RELATING TO CHANGE IN OWNERSHIP IN NURSING HOMES, CONVALESCENT HOMES, REST HOMES OR CHARITABLE HOMES FOR THE AGED.

We should like to have the following legislation filed so that this statute will agree with the definition of change in ownership in Title XIX (Medicaid) of Public Law 90-248 and with the definition in the "Rules and Regulations for the Licensing of Convalescent or Nursing Homes" and so that we may request the same information as is required when a corporation is filed under Section 2B of Chapter 155 of the General Laws.

9. AN ACT RELATING TO AN AMENDMENT OF ARTICLES OF ORGANIZATION OF NURSING OR REST HOMES, CONVALESCENT HOMES OR CHARITABLE HOMES FOR THE AGED.

The Department has no way of knowing of a stock transfer of a majority interest in a corporation. Since a transfer of a majority of stock would

be a change of ownership, this information is of vital interest to the Department.

10. AN ACT RELATING TO LICENSING OF HOSPITALS IN THE COMMONWEALTH.

The purpose of this act is to make minor but necessary changes in the General Laws to bring the hospital licensing law up to date. For instance, "sanatoria" is no longer used in the hospital field, yet it still remains in the laws, oftentimes confusing the public.

11. AN ACT CONCERNING BEDDING, UPHOLSTERED FURNITURE AND STUFFED TOYS.

The present law concerning stuffed toys provides for a high initial license fee of one hundred dollars, with a subsequent annual fee of twenty-five dollars. The initial one hundred dollar fee is unreasonable, especially when many of the stuffed toy wholesalers handle very small quantities of stuffed toys in conjunction with their main line of business. Therefore it is recommended that the initial fee be reduced to twenty-five dollars, with subsequent annual fees remaining at the twenty-five dollar level.

Amendment of Section 271 of Chapter 94 clarifies the licensing of upholstered furniture and bedding wholesale dealers. Since inspection of one establishment would include the inspection of all products sold by that individual which come within the scope of the law, it seems to be unreasonable to require two licenses for the same business when that business handles upholstered furniture and bedding as well as stuffed toys. The amendment would clarify this situation.

12. AN ACT REQUIRING DEPARTMENT OF PUBLIC HEALTH APPROVAL OF PLANS OR DESIGNS OF REFUSE TRANSFER STATIONS, INCINERATORS, OR COMPOSTING PLANTS PRIOR TO CONSTRUCTION OR OPERATION THEREOF.

At present the Department of Public Health is required to approve proposed systems for water supply or for the disposal of drainage or sewage. Under the new bill there would be added to these duties of the Department the requirement that it approve the plans or design for refuse transfer stations, incinerators, or composting plants.

The proposed bill also provides for a fine if the provisions of this act are violated.

13. AN ACT ESTABLISHING A CERTIFICATION BOARD FOR PERSONNEL OF WATER WORKS FACILITIES.

The purpose of the proposed legislation is to assure that the public will be adequately protected against disease transmissible by impure drinking water. Modern public water supply works are increasingly complex, and their effectiveness in producing consistently pure water depends on skilled operation. At present more than thirty-four States have certification programs for water works operators, and a certification program in Massachusetts would tend to encourage the professional development and competence of persons employed to operate public water works.

14. AN ACT CLASSIFYING A DRUG AS A HARMFUL DRUG IN CASES OF EMERGENCY.

Due to the fact that many new drugs are being introduced each year, many of which may have abusive tendencies, it is urgent that an emergency provision be enacted that the Commissioner of Public Health, with the approval of the Public Health Council, be authorized to declare that a drug shall be deemed to be a harmful drug, restricted thereas.

15. AN ACT AUTHORIZING THE DEPARTMENT AND BOARDS OF HEALTH TO REFER PERSONS ELIGIBLE UNDER MEDICAID TO THE APPROPRIATE AGENCIES FOR ASSISTANCE FOR HOSPITAL CARE.

Under Chapter 111, Section 116 of the General Laws, as amended by Chapter 50C of the Acts of 1967, reasonable expenses of a medically indigent person ill with smallpox or other disease dangerous to the public health shall be paid by the town where he has a residence, except in the case of a chronic nonresident in which case such expenses shall be paid by the Department. If this law were to be repealed, payment of the medical expenses of such medically indigent patients would come from Medicaid, thus relieving some of the financial burden on the communities.

16. AN ACT RELATIVE TO DISPOSAL OF PRIVY, CESSPOOL AND SEPTIC TANK CONTENTS.

The proposed legislation would give the Department authority to require the construction of treatment facilities for cesspools and septic tank contents. Chapter 455 of the Acts of 1967 inserted Section 31D in Chapter 111 of the General Laws which permits cities and towns, subject to approval of the Department, to provide facilities for disposal of cesspool and septic tank contents and to charge private persons for the use of such facilities.

At the present time either a private party or a municipality may construct such facilities. In many communities, however, no adequate facility exists and it does not appear that such will be constructed in the near future. Many boards of health are in the rather awkward position of approving permits for the transportation of such contents, but knowing that no disposal facilities exist. If the septic tank systems are not pumped out about every two years, these systems will fail. On the other hand, at the present time, without the proper septic tank content disposal facilities, the trucks hauling such material do not have a point of disposal and thus use the nearest stream or inadequate facility, causing nuisance conditions. Therefore, it is necessary that the Department have the authority to require the construction of these facilities.

17. AN ACT RELATING TO THE COMMISSIONER OF PUBLIC HEALTH.

The purpose of this act is to amend General Laws, Chapter 17 to raise the salary of the Commissioner of Public Health in line with the duties and responsibilities of the position and on parity with positions of like duties and responsibilities.

18. AN ACT RELATIVE TO THE CONTROL OF ALGAE, WEEDS AND AQUATIC NUISANCES IN CERTAIN LAKES, PONDS, STREAMS AND OTHER BODIES OF WATER BY THE DEPARTMENT OF PUBLIC HEALTH.

It is proposed to amend Section 5F so that a system of priorities

for treatment may be established in the Water Resources Commission to assist the Department in selecting waters for control work. There are also provisions for funding so that the Department may be able to carry out the provisions of the above law.

19. AN ACT RELATIVE TO THE CONTROL OF ALGAE, WEEDS AND AQUATIC NUISANCES IN CERTAIN LAKES, PONDS, STREAMS AND OTHER BODIES OF WATER BY THE DEPARTMENT OF PUBLIC HEALTH.

The proposed amendment to Chapter 40 would provide a mechanism whereby cities and towns may financially assist in the control of aquatic nuisances in the waters of the Commonwealth.

20. RESOLVE PROVIDING FOR AN INVESTIGATION AND STUDY BY A SPECIAL COMMISSION RELATIVE TO THE PRESERVATION OF THE PURITY OF CERTAIN WATERS USED AS WATER SUPPLIES WITHIN THE COMMONWEALTH.

The last comprehensive study and report of this type conducted by the Department was done under the provisions of Chapter 67 of the Resolves of 1954.

Since that time many new types of polluting materials, such as road salts and pesticides have come into general use. There is increasing pressure from conservation and recreation groups to allow greater use of the water and watershed areas of public water supplies for various uses; and there is increasing awareness of the fact, on the part of municipalities, that by providing an appropriate treatment plant it may be possible for communities to dispose of large areas of land once needed for protection of the water supply and return the land to other uses. Also, with the passage of Chapter 685 of 1966 -- the "Clean Waters Act" -- all waters of the Commonwealth have been classified as to quality and present and future use, and the water needs of the Commonwealth should be restudied in this context.

BUDGET 1967 - 1968GRAND TOTAL - DEPARTMENT AND INSTITUTIONS

<u>YEAR</u>	<u>TOTAL BUDGET</u>	<u>PER CAPITA</u>	<u>TOTAL STATE</u>	<u>PER CAPITA</u>	<u>TOTAL FEDERAL</u>	<u>PER CAPITA</u>
1968	\$44,458,264.	\$8.18	\$37,137,753.	\$6.83	\$7,320,511.	\$1.35

DEPARTMENT - MAINTENANCE

1968	\$21,421,754.	\$3.94	\$14,101,243.	\$2.59	\$7,320,511.	\$1.35
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INSTITUTION - MAINTENANCE

1968	\$23,036,510.	\$4.24	\$23,036,510.	\$4.24	---	---
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CORRECTED
DEPARTMENT EXPENDITURES 1967 - 1968

	<u>TOTAL</u>	<u>STATE</u>	<u>FEDERAL</u>
<u>Commissioner's Salary</u>	23,000.00	23,000.00	---
<u>Administration</u>	1,034,131.04	480,781.37	553,349.67
Mass. Committee on Children and Youth	86,034.27	6,722.55	79,311.72
Drug Addiction Rehabilitation Board	248,525.09	247,878.05	647.04
Medicaid	381,907.13	101,781.34	280,125.79
Children & Youth Projects	215,917.04	---	215,917.04
<u>Training & Research</u>	417,468.49	---	417,468.49
<u>Environmental Sanitation</u>	1,021,868.16	913,955.22	107,912.94
Special Projects	66,120.21	66,120.21	---
Air Pollution Control	120,062.53	75,712.21	44,350.32
Water Pollution Control	25,625.85	---	25,625.85
New England Interstate Water Pollution Control	11,550.00	11,550.00	---
<u>Chronic Disease Control</u>	2,758,066.14	2,193,182.36	564,883.78
Measles Vaccine Program	248,414.60	248,414.60	---
Poliomyelitis Vaccine Program	188,492.99	188,492.99	---
Equine Encephalitis Study	32,424.86	32,424.86	---
Vaccination Assistance Project	192,965.78	---	192,965.78
<u>Consumer Products Protection</u>	679,574.95	651,936.55	27,638.40
Pesticide Board	21,008.17	21,008.17	---
<u>Health Services</u>	2,940,830.54	1,148,151.11	1,792,679.43
Care of Prematurely Born Infants	292,196.60	292,196.60	---
<u>Hospital Facilities</u>	592,077.37	136,264.35	455,813.02

DEPARTMENT EXPENDITURES 1967 - 1968

CONTINUED

	<u>TOTAL</u>	<u>STATE</u>	<u>FEDERAL</u>
<u>Tuberculosis Control</u>	4,147,190.88	4,002,580.37	144,610.51
<u>Institute of Laboratories</u>	1,326,125.61	1,184,509.12	141,616.49
<u>Community Health Grant-In-Aid</u>	42,918.03	---	42,918.03
<u>Capital Outlay</u>	18,519.38	18,519.38	---
TOTAL EXPENDITURES	<u>17,133,015.71</u>	<u>12,045,181.41</u>	<u>5,087,834.30</u>

DEPARTMENT OF PUBLIC HEALTH

BUDGET 1967 - 1968

GRAND TOTAL - DEPARTMENT AND INSTITUTIONS

<u>YEAR</u>	<u>TOTAL BUDGET</u>	<u>PER CAPITA</u>	<u>TOTAL STATE</u>	<u>PER CAPITA</u>	<u>TOTAL FEDERAL</u>	<u>PER CAPITA</u>
1968	\$44,458,264.	\$8.18	\$37,137,753.	\$6.83	\$7,320,511.	\$1.35

DEPARTMENT - MAINTENANCE

1968	\$21,421,754.	\$3.94	\$14,101,243.	\$2.59	\$7,320,511.	\$1.35
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INSTITUTION - MAINTENANCE

1968	\$23,036,510.	\$4.24	\$23,036,510.	\$4.24	-----	-----
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DEPARTMENT EXPENDITURES 1967 - 1968

	<u>TOTAL</u>	<u>STATE</u>	<u>FEDERAL</u>
<u>Commissioner's Salary</u>	23,000.00	23,000.00	-----
<u>Administration</u>	1,034,131.04	480,781.37	553,349.67
Mass. Committee on Children and Youth	301,951.31	6,722.55	295,228.76
Drug Addiction Rehabilitation Board	248,525.09	247,878.05	647.04
Medicaid	381,907.13	101,781.34	280,125.79
<u>Training & Research</u>	417,468.49	-----	417,468.49
<u>Environmental Sanitation</u>	1,021,868.16	913,955.22	107,912.94
Special Projects	66,120.21	66,120.21	-----
Air Pollution Control	120,062.53	75,712.21	44,350.32
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Care of Prematurely Born Infants	292,196.60	292,196.60	-----
<u>Hospital Facilities</u>	592,077.37	136,264.35	455,813.02

DEPARTMENT EXPENDITURES 1967 - 1968

CONTINUED

	<u>TOTAL</u>	<u>STATE</u>	<u>FEDERAL</u>
<u>Tuberculosis Control</u>	4,147,190.88	4,002,580.37	144,610.51
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<u>Community Health Grant-in-Aid</u>	42,918.03	-----	42,918.03
<u>Capital Outlay</u>	<u>18,519.38</u>	<u>18,519.38</u>	<u>-----</u>
 TOTAL EXPENDITURES	 <u>17,133,015.71</u>	 <u>12,045,181.41</u>	 <u>5,087,834.30</u>

BUREAU OF CHRONIC DISEASE CONTROL

Division of Adult Health

The Division of Adult Health has the responsibility of providing leadership and guidance in problems of chronic disease and disability and in the health protection of adults, especially the elderly.

The activities can be separated into two groups: 1) Categorical Disease Programs, such as cancer, heart disease, glaucoma, diabetes; 2) Community Health Service Programs directed toward the organization, promotion and strengthening of services for the chronically ill and aged.

Two bills of vital interest to the Division were enacted by the Massachusetts Legislature. House Bill 402 provides services for persons suffering from chronic renal disease, and House Bill 881 establishes a legislative commission to study the State Throat Culture Program.

The major expenditure of funds within the Division continued to be for the Cancer Registry, while a major effort has been in cervical cancer control. Efforts were made to link State cancer registration within the Tri-State Regional Medical Program.

Guidelines for community programs for the detection of cervical cancer have been completed. Screening programs utilizing the "Pap" smear have been extended in prenatal and family planning clinics and arrangements are being made for screening in three large industries.

The first eleven students graduated from the Boston School of Cytotechnology. The State Tumor Diagnosis Service was reorganized, limiting future examinations to skin specimens for persons under sixty-five. In a later phase the emphasis will be on cytological examinations.

Use of the State Throat Culture Program increased. Evaluation of the program was virtually completed, as was the coincident study of known rheumatic fever patients.

Initial recommendations were drawn up for trial screening programs in the detection of heart disease. In response to recommendations of an expert committee, a survey of coronary care facilities in community hospitals began, and one application to train nurses was approved.

Eighteen glaucoma screening programs were conducted. New methods of tonometry and visual field estimation were explored. Diabetes screening programs were organized in seven communities, multiphasic screening procedures were investigated and discussed.

The Massachusetts Interagency Council on Smoking and Health continued to receive strong staff support. Four regional councils were established. A weekly newsletter was supplied, and Division staff took part in radio and television anti-smoking programs.

Division staff worked with a federally-supported model State Plan for kidney disease control. An interdepartmental committee was set up to mobilize support for persons suffering from end-stage kidney disease.

The Division's responsibilities in home, highway and industrial safety continued. Programs of epilepsy and hemophilia control were explored. In the home health area the Division provided consultants on social work, nutrition and physical therapy and made simple contracts available. Considerable effort went into recruiting qualified social workers, dietitians and therapists for medical care facilities.

The number of regional homemaker agencies continued to increase. An interdivisional committee worked at drawing up guidelines and identifying areas where evaluative studies are needed. A Massachusetts Council for Homemaker Service was organized and held its first annual meeting.

Coordinators of community services have helped local community planning groups develop patterns for the delivery of a broad range of home health services. Nine "core communities" were involved. The coordinators were also involved with the Model Cities Program, Area Health Planning, Head Start Summer Program, Commonwealth Service Corps, Technical Assistance Program and Brockton Multi-Service Center. Division staff participated in a survey of Information and Referral Services and in a series of work conferences on problems of these services.

The Massachusetts Commission on Aging and the Division co-sponsored work conferences for public health nurses and information and referral aides working with the aged. Directors of five Senior Citizen Centers consulted the Division on the conduct of screening programs, the planning of nutrition services and the development of an over-all health program.

Two new community health programs were funded through the Division and consultation provided to twelve current projects. Five projects were funded through the Department's Community Health Services Grants Program. Six of the Developmental Grants awarded last year to home health agencies were continued.

Among the community health studies in progress are a survey of home health services, a study of homemaker services, utilization of therapeutic and social services in home health agencies and "Fact Finding for Comprehensive Health Planning."

Future plans center on the integration of Adult Health activities within programs of comprehensive medical care wherever practicable, with special attention to the needs of adults, especially those chronically ill or aged. Adult Health activity will be increasingly decentralized. Given an adequate appropriation, an office for kidney disease control will be established. Disease screening methods will be explored, expanded and made available to Model City planners and community action councils. The needs of the elderly, particularly those in nursing homes, will be further identified with the purpose of helping them enjoy, within their potential, an active and satisfactory life.

Division of Alcoholism

It is the responsibility of the Division of Alcoholism to 1) establish programs for the diagnosis, treatment and rehabilitation of alcoholics; 2) study the problems of alcoholism; 3) develop and promote preventive and educational programs relating to alcoholism; 4) coordinate the work of all departments and agencies dealing with the care and treatment of alcoholics or with the problems of alcoholism.

Efforts in education this year included work with church leaders, voluntary alcoholism committees, nurses, police, and schools. Concentration was on preparing school systems to teach effectively about alcohol. Response to the program was more positive than ever before, probably due to increased skill in program planning as well as to the widespread alarm occasioned by young people's use of drugs. Six schools participated in intensive in-service training of teachers and pilot teaching programs: Falmouth, Braintree, Nipmuc Regional, Manchester, Ipswich, and North Quincy.

With the pilot phase over, the hard test for each school remains to implement teaching about alcohol on a permanent basis. The Division is continuing to make consultation services available to these schools.

"Alcohol Education Re-evaluated," an article on the Division's approach to alcohol education, has been published in the Bulletin of the Secondary School Principals' Association. It gives methods, guidelines and general suggestions. Two other documents are now at the printers -- "Alcohol and Responsibility," to be used for church-related groups; and "Alcoholism in Massachusetts," which includes a description of the Division's program and treatment resources.

A new group worked with this year was the Massachusetts Driver Education Association. The Division helped them plan and conduct a half-day meeting on alcohol as part of an all-day workshop.

Coordination activities were directed toward increasing the resources available to the alcoholic. Lermuel Shattuck Hospital, after several years consideration, has decided to open a ward for the treatment of alcoholism. Boston City Hospital has reorganized Mattapan Sanatorium and the Long Island Hospital. Mattapan is now a chronic disease hospital and has a half-way house which will accept tuberculous and non-tuberculous alcoholics. In addition, the Long Island Hospital treatment program for alcoholics is being strengthened and its staff is working closely with that of the Mattapan Chronic Disease Hospital.

In the State mental hospitals, alcoholism units are being developed with Division assistance at Danvers and Worcester. Several other State agencies have expanded their participation in aiding the alcoholic. The health supervisors of the Massachusetts Rehabilitation Commission have received alcoholism training and are working with the North Shore Committee on Alcoholism for the development of a half-way house. Veterans Services has revised its policies to provide financial aid for veterans treated for alcoholism.

Half-way house services have been expanded slightly for alcoholics in the Boston area, particularly by Hope House. The Division has given consultation and encouragement to inquirers from all over the State who are interested in establishing new half-way houses.

The Division continued to work closely with voluntary committees on alcoholism, organized as the Massachusetts Association of Committees and Councils on Alcoholism (MACCA).

Among those trained in Division programs this year were clergymen at Maryknoll Seminary and Episcopal Theological Seminary; nurses at the Boston College School of Nursing; dietetic interns at Peter Bent Brigham Hospital; and State Police, in connection with the Breathalyzer. A Nursing Institute was conducted for hospital and public health nurses in the Central Massachusetts region.

A new State-supported alcoholism clinic has opened at Franklin County Hospital in Greenfield. In addition, the Division has now taken over primary support for the South End Center for Alcoholics, operated by Boston University Medical School, Division of Psychiatry. This brings the total number of outpatient programs supported by the Division to nineteen, and represents a considerable increase in both cases and caseload over last year. The Division is also providing for hospitalization, half-way house care, and assistance for acute alcoholics.

The current program emphasizes primarily coordination, planning and preventive education. The Division's goal for the future is to provide more direct clinical service to the public.

Division of Communicable Diseases

The Division operates two separate and distinct programs. The communicable disease program is essentially advisory and investigatory. The venereal disease control program combines the features of a medical care program and epidemiological responsibility.

Communicable Disease Program

A ninety-eight per cent reduction in reported cases of measles was the most significant achievement during this annual period. In Massachusetts the measles season begins in October, peaks in April, and declines in June. For the year 1967, 420 cases of measles were reported in contrast to 19,512 cases reported in 1965.

A School Immunization Law (considered to be a model law by the United States Public Health Service, Communicable Disease Center, which has recommended that other States have similar laws) was passed in 1967. It was signed by the Governor on September 5, 1967 and became effective on December 5, 1967. The law requires that all school children be immunized against smallpox, whooping cough, diphtheria, tetanus, measles, and poliomyelitis unless there are medical or religious contraindications. One of the benefits of this law is that it will enable the Division to

concentrate on the immunization of the preschool child. With a Federal grant, the Division has launched a Home Visitation Program to determine local pockets of susceptibles and to arrange for their immunization. To carry out this objective, financial assistance is provided to the local boards of health in the form of a fee-for-service basis to do the following: 1) Within thirty days of delivery of a child, arrange with the public health nurse to make a home visit, and arrange for an immunization program through the family physician or through a local board of health; 2) The local public health nurse to survey families of two-year-old children to determine if each child has completed a primary series of immunizations, and if not, arrange for completion of the series; 3) Survey the immunization status of all children entering kindergarten or grade one, whichever is earlier in that community.

From September 1967 through January 31, 1968, a total of 22,496 families was surveyed.

The expected outbreak of Asian influenza occurred in Massachusetts. It began on December 12, 1967 in Medford and spread rapidly through eastern and southeastern Massachusetts and then proceeded westward. By February 29, 1968 the epidemic was over.

There were no cases of poliomyelitis in Massachusetts in 1967, for the third successive year.

Rabies control measures have been intensified. Twenty-two rabid bats were diagnosed in Massachusetts from 1961 through the end of 1967. A five-point program has been developed by the Division in cooperation with the Division of Animal Health (formerly the Division of Livestock Disease Control) of the Department of Agriculture, the Massachusetts Medical Society, and the Massachusetts Veterinary Association. Since January 1961 the Division staff has taken the responsibility of immunizing veterinarians against rabies. Thus a group of highly immunized individuals is available for the production of hyperimmune gamma globulin rabies.

A live, attenuated mumps vaccine was licensed in January and the Mumps Immunization Program began in October. The Division is providing vaccine to local boards of health for the immunization of susceptible students in the seventh, eighth, and ninth grades of school.

Venereal Disease Program

The Venereal Disease Program is responsible for the follow-up of all contacts named by infected military patients whose encounter or exposure took place in this State and who could most likely be found in Massachusetts. The problem in Massachusetts centers around the pickup rather than the commercial prostitute, and the most frequent places of pickup are taverns, bars and restaurants. The home, hotels and automobile, in that descending order of frequency, are the places of exposure.

The Division continued the follow-up of all selectees discovered to have a positive blood test for syphilis or other evidence of venereal disease. These patients may be examined by their private physician or at

the nearest State cooperating venereal disease clinic. The reports are evaluated and sent to the Induction Board. Similarly, the Division receives reports from the military of men separated from the Armed Forces who need follow-up for these diseases. The Division is also responsible for interviewing military patients in Massachusetts for their contacts.

With the increase in interstate marriages, there has been an increase in problems associated with the premarital medical certificates. At present, Massachusetts will accept the certificates of thirty-eight of the forty-three States and one Territory that have premarital examination laws. In return, twenty-three States have agreed to accept the Massachusetts certificate. Plans to extend this reciprocity continued.

The Division's active training program included lectures on venereal disease, social health, and communicable disease, films, pamphlets, consultation, training courses, radio and television broadcasts. Physicians at Boston City Hospital were given a course.

The Curriculum Guide on the Venereal Diseases for school teachers instructing at the seventh, eighth and ninth grade level, prepared by Boston College School of Education, has been printed. A second Curriculum Guide for Grade Levels Five and Six will be completed by December 31, 1968.

The Private Physician Attitude Study, a five volume report, was carefully studied and plans made to publish the results. Five other States in which similar studies had been made cooperated in preparing a joint manuscript which was sent to the American Medical Association for publication. It appears evident from the study that not all doctors clearly understand the reason for reporting cases of venereal disease. Intensification of the Sero-Reactor and Private Physician Visitation Programs serve as a device for continuing education in the venereal diseases for private physicians, as well as a method for finding more new cases of early infectious syphilis.

In addition to preventive and control activities, the Division is currently engaged in the following applied research studies: Sero-reactor study program; military interviewing program; treponema pallidum immobilization test study; evaluation of the FTA-ABS test; evaluation of the sensitivity of gonorrhea to penicillin; cardiovascular syphilis study; long-term follow-up of chronic biologic false positive reactors; analysis of the type of questions asked by student nurses prior to their receiving a six-hour course of lectures on the venereal diseases; attempt to estimate the level of information about family life education in a student nurse group, congenital syphilis study.

Division of Dental Health

The objectives of this Division are the control of oral diseases and malformations and the control of hazards to health arising from dental treatment procedures through the development of organized systems of dental treatment, preventive dentistry, dental research, and dental education.

Two important administrative steps have made this the most innovative year in the history of dental services in Massachusetts. This State's acceptance of the Medicaid program has made dental treatment available to the underprivileged child; and the legislative approach to the fluoridation of public water supplies has been simplified. Further, for the first time in the history of the Commonwealth, specific recognition has been given to dental health as an objective of the Department of Public Health by action of the General Court.

The Division has worked toward the control of quality of service in the Medicaid program by concentrated study of the patterns of dental service utilization. The Head Start programs have been studied in the field in depth. The Maternity and Infant Care and Children and Youth projects with their dental components have begun to provide dental services in urban areas. The Urban Neighborhood Health Center Project of the Office of Economic Opportunity serves an isolated area with a unique resource of quality.

Special efforts in the development of treatment facilities for the exceptional and handicapped children have continued. A new plan for the dental care of the handicapped child has been developed for western Massachusetts. Studies for the improvement in treatment of the facially disfigured child have gone into their third year with demonstrated results.

Division staff assisted the special commission studying the dental health of the people of Massachusetts. Its report on preventive dentistry was well received by the General Court and resulted in discard of the "mandatory referendum" approach to the fluoridation of public water supplies in favor of procedures that will make meaningful protection from tooth decay available to the people.

Continued study of radiation exposure from dental situations indicates that significant radiation from this source is less now than it has been for the past twenty years, and that the level is still dropping.

The Division has supported professional education by cooperative studies of the continuing education of dentists in Massachusetts. The public regional vocational schools have been encouraged and assisted in the training of dental auxiliaries.

Special research projects have been undertaken on the prevention of tooth decay by simplified topical methods; the practical use of thermoluminescent chemicals as measures of radiation levels in clinical situations; evaluation of a non-destructive biopsy technique of tooth tissue.

Plans for the future include more extensive use of computer facilities in patterning urban dental care, continued work with the dental profession toward voluntary controls of the quality of service under Medicaid, and continued education at the professional level.

Division of Nursing Homes and Related Facilities

The primary purposes of the Division are licensure, regulation and Medicare certification of the facilities in its jurisdiction. The Division has also assumed a role in the development of quality control aspects of the Medicare program as it applies to nursing homes and related facilities.

One hundred and twenty-six nursing homes are certified as extended care facilities. All certified extended care facilities were re-surveyed during the current year. To help Medicare surveyors evaluate the function of the utilization review committees, a Utilization Review Form was developed. Social Security Administration has requested permission to distribute the form to other States in an effort to assist them in the compilation of utilization review data.

Rules and Regulations for the Construction of New Convalescent or Nursing Homes in Massachusetts were adopted on March 19, 1968. Plans for nursing and rest homes were reviewed, and final approval given forty plans; twenty-two new facilities were constructed. The Department adopted procedures and priorities in area-wide planning of nursing homes as an administrative guide to the Division. Inspectional regions were readjusted. An emergency drug kit is being provided for nursing homes. A Division Committee on Clinical Records was established to review patient record forms used by nursing homes. An area-wide planning research project, undertaken jointly with the Area Development Center at Boston University, was completed, as was a research project contracted by the Public Health Service with the Division for the analysis of the relationship of costs and levels of service in Massachusetts nursing homes.

A standard hearing procedure was set up to cover revocations or refusals to renew licenses. The Department closed six nursing and five rest homes. In addition, twenty-five nursing and thirty-two rest homes closed voluntarily.

Training programs were established for inspectional staff, including areas of consultation and rehabilitation nursing, evaluation of menu planning for geriatric patients, fire safety, and general sanitation. A Title XIX Medical Assistance Council Task Force and an Ad Hoc Social Work Advisory Committee were structured. The following Guidelines were completed and distributed: 1) For Social Work Program in Nursing Homes and Extended Care Facilities, with sample records and contract agreement forms; 2) For Dietitians in Extended Care Facilities, with sample agreement forms.

Plans for the future relate to re-evaluation of State statutes, regulations and standards to ensure improvement in the quality of nursing home care.

Lemuel Shattuck Hospital

Lemuel Shattuck Hospital exists to serve patients who have not responded to the usual therapies of acute disorders. Justification of

the Hospital as an institution lies in the probability that chronic illness can be more successfully treated in the atmosphere of a referral hospital than among the distractions and drama of emergency admissions.

This year there was a trend toward more intensive, short-term care, which was reflected in the increased number of admissions and a decrease in total inpatient days. The median length of stay was shorter than in previous years. There were more visits, not only to the regular outpatient clinics but also to other units of the Hospital, such as renal dialysis and physical therapy.

Several new important programs were developed during the year. The Continuing Care Unit was opened. It provides preparation of patients for discharge to their homes and acts as a communication liaison for patients, relatives, physicians, community agencies, and the staff of the Hospital. Patients and families are instructed in post-hospital care.

The Oncology Division began a program of family-oriented care of patients with cancer. This represents a team effort to approach the care of these patients and their families in concern for their total situation. A member of the Visiting Nurse Association becomes a member of the Oncology Staff for the purposes of this program, which has been successful in raising the morale of both the patients and the nursing staff.

The Community Ambulatory Rehabilitation Service was initiated to provide transportation to certain patients for therapy as outpatients who are thus able to live at home and avoid costly hospitalization. The Neurology Service and the Training Center for Comprehensive Care provided training in home care for relatives of stroke patients. A controlled study of the effectiveness of this training program is also taking place.

One of the outstanding improvements in the established programs was the enlargement of the renal dialysis program to care for more patients in the hospital. Home dialysis of some patients was also begun. The Kidney Disease Planning Project, to promote coordinated development of preventive and treatment services for kidney disease in the Commonwealth, was based at Lemuel Shattuck Hospital. The project is supported by the United States Public Health Service and operates in cooperation with the Division of Adult Health and Tufts University School of Medicine. A demonstration of the work of the Renal and Electrolyte Division was given before the Public Welfare Committee of the Legislature. Television programs were prepared for two stations. These and other efforts helped to pass House Bill 402, which authorizes a comprehensive program for the care of renal patients throughout the Commonwealth.

Physician training during the year included classes in physical diagnosis for medical students from Tufts and Boston University Medical Schools, a residency program and post-graduate fellowship. The Hospital also conducted programs for education and training on several levels for nurses, licensed practical nurses, therapists, technicians, home health aides, and recreation therapists.

Among significant research programs were the drug studies of

the Clinical Pharmacology Division and a study of the clinical effectiveness of L-Dopa therapy in Parkinsonism which was conducted by the Neurology Service.

The Arthritis Unit expanded both its inpatient and outpatient services. The Orthopedic Service increased its activities, especially in the realm of reconstructive hip and hand surgery. Early ambulation of amputees was a new and progressing practice. The Nursing Service continued to give quality care.

Efforts will be made to coordinate the Hospital's plans with those of other health services through the new planning agency, Hospital Planning for Greater Boston. The Hospital will continue to evaluate its role in the medical care delivery system of the Metropolitan Boston Area and the State, in order to make best use of its resources.

Steps were taken to rehabilitate the physical plant of the Hospital. Substantial sums have been appropriated for the modernization of the X-ray equipment, the masonry, the clinical laboratories, and the kitchen.

BUREAU OF CONSUMER PRODUCTS PROTECTION

Division of Food and Drugs

The responsibilities of the Division relate to public health problems concerned with food and drugs, bedding and upholstered furniture, pesticide registration and pesticides applicator control, hazardous chemical regulation, radiological health, chemical additives and licensing of research establishments using animals from pounds. The laboratories of the Division analyze thousands of samples in the broad range of products for whose regulation the Division is responsible. The laboratories also analyze poisons, drugs, alcoholic beverages, and other chemical substances for the Department of Agriculture, the Alcoholic Beverages Control Commission, the Department of Natural Resources, police and incorporated charities.

Of prime note is the tremendous increase in the number of narcotic and harmful drug samples analyzed by the laboratories. The Department is required by law to make analyses of this kind for all law enforcement agencies in the Commonwealth. The Amherst laboratory analyzed more than nine hundred samples, and the Boston laboratory more than eleven thousand two hundred. This is an increase of more than threefold over the number analyzed last year. The marked increase in the use of illicit drugs is alarming. Cannabis, methamphetamine, heroin and LSD lead the list. These analyses, because of the mixtures being used, have become more complex and involved.

During the past year the Division conducted inspection of food services at country fairs throughout the State. These fairs feed their employees and more than two million visitors each year.

Thousands of pounds of milk contaminated with antibiotics have been destroyed by the Division this year because of farmers' disregard of the mandatory five day lapse between antibiotic medication of a cow and the drawing of the cow's milk for sale. The use of large tank trucks to transport milk has created problems in determining the source of contamination, since the milk from many sources may be mixed in a single tank load. The Division has also been concerned with prevention of contamination in plastic coated cardboard and formed plastic containers used in automatic packaging equipment.

The greater demands placed on restaurants and vending machines by the population explosion have sharpened the problem of contamination by food handler sources. In retail stores, the Bureau's analyses have shown high bacteriological counts on ready-to-eat foods. Refrigeration of potentially hazardous bakery products requires constant attention. The lack of sanitary handling of fish continues to be a problem, as does the labeling of soft drinks. The control of ingredients used in the manufacture of frozen desserts continues as a major assignment.

Among frozen foods, the ready-to-eat variety constitute the greatest problem. The Division continued to press for exemplary sanitary practice in food processing, slaughterhouses, meat processing and poultry slaughter.

Drug abuse is an epidemic situation, classified by many as a result of the youth rebellion. The Director and the Drug Control Section gave many evenings and week-ends to a three phase preventive program. Phase One involved showing the film "Decision," which dramatically demonstrates the action of various drugs on the human brain and system. Facts were then presented concerning the 'fad drugs' such as LSD, marijuana, amphetamines and barbiturates. In Phase Two, experts from the Division met with groups of thirty or forty students. Phase Three brought Division representatives together with parents, teachers, clergy and members of service clubs. The program reached more than forty-eight thousand people, through lectures to two hundred and seventeen groups: police schools, public schools, colleges, schools of nursing, service clubs and churches.

The section on bedding, upholstered furniture and stuffed toys continued to inspect materials damaged and contaminated by water, fire or smoke. This section is responsible for seeing that feathers are washed and sterilized before being used as filler; and that filling materials are identified by label.

Many very toxic chemicals are being distributed through channels making them available to householders. The Bureau has the responsibility of registering all such products sold in Massachusetts.

The Pesticides Applicator Control Board licenses all aerial applicators of pesticides and by regulation all persons who apply pesticides on the land of another. The Director of the Division acts as Chairman of the Board.

The Bureau is constantly reviewing its effectiveness and the efficiency of program operations. In the case of adulteration and misbranding of foods, effectiveness of the program may be determined by the increase or decrease of products seized, samples or analyzed. Reinspections of violative food service establishments can be used to evaluate the effectiveness of previous inspections and the accompanying educational process.

In the case of drug abuse, evaluation is difficult because of the many factors involved. A range of educational procedures has been used, including lectures, audio-visual aids and dialogues with school-age children. The Bureau has cooperated successfully with physicians and pharmacists to keep drugs from reaching addicts.

BUREAU OF ENVIRONMENTAL SANITATION

Division of Sanitary Engineering

The major programs of the Division are in the fields of water supply, water quality evaluation, air use management, radiological health, solid waste disposal, community sanitation, and the treatment and disposal of sewage and industrial waste. Within these major areas of involvement with the environment, the Division carries on a multitude of distinct programs such as fluoridation, cross connection control, shellfish sanitation, aquatic weed control, air quality surveillance, nuclear incident emergency teams, rat control, food handlers training courses, etc. Within the past year activities in all phases of environmental control increased.

In the field of air use management, an important step was the formation of the New England Staff for Coordinating Air Use Management (NESCAUM) which functions as part of the New England Conference of State Public Health Officials. Through periodic meetings and discussions the members of NESCAUM work toward a continuing program of good air-use management for the New England and New York areas. The staff of the Air Use Management section was also successful in receiving sizable Federal grants for State-wide, Metropolitan Air Pollution Control District, and Lower Pioneer Valley Air Pollution Control District programs.

Participation continues in the National Air Surveillance Network of the Public Health Service and the operation of air sampling stations which are part of the national network. The Metropolitan Air Pollution Control District pursued its activity in enforcement of rules and regulations, training programs for operators of hand-fired coal furnaces, observations of stacks to detect violation of regulations, and recruitment of qualified smoke inspectors. In addition, the Department has reinstalled its mobile laboratory for street-level air sampling in congested downtown Boston.

The adoption of "Regulations for the Control of Atmospheric Pollution in the Lower Pioneer Valley Air Pollution Control District" achieved a primary goal toward air pollution control in the region.

In the field of radiological health, the Nuclear Incident Advisory Team responded in instances of radioactive contamination. The design of nuclear power stations in Brattleboro, Vermont and Plymouth, Massachusetts were scrutinized from the public health point of view. The staff received many inquiries about possible harmful effects of x-ray emissions from color television sets and is becoming very active and adept in assessing the effects of laser and microwave radiation.

In water pollution control, fifty-one sets of plans and reports were reviewed for approval during the last fiscal year. In addition, the Department held ten hearings on proposed land takings for sewage disposal. An article of the Sanitary Code dealing with outdoor bathing areas is under preparation. Extensive surveys have been undertaken for shellfish sanitation and the entire Massachusetts coastline has been

classified according to shellfish harvesting areas, with each area coded for easy reference.

A survey of all marinas and boat docking areas is underway. Oil pollution continues to be a problem, especially in Boston harbor. The Department was successful in reaching an agreement with the Public Health Service to keep the Newburyport Shellfish Treatment Plant in operation. Eight ponds were inspected for nuisance aquatic vegetation and subsequently chemically treated by private firms under contract with the Department.

Solid waste has been a particularly active program. The Department took an active role in the inspection and supervision of a commercial dump operating in Saugus. In this problem the Governor took emergency action; the Superior Court and several cities and towns were also involved. Engineers of the Division continue to supervise this operation daily under court order. Recommendations have been made on waste disposal problems in eighty communities. A proposed draft on "Minimum Standards for Sanitary Landfill Operations" has been prepared and is being studied prior to adoption as a sanitary code.

To assist local health personnel, Division staff provided counseling and courses in food service sanitation, interpretation of various Articles of the State Sanitary Code, and a continuing program of sanitation for recreational camps.

The Department is now administering a new program of State grants to communities for rat control. A public hearing was held, and rules and regulations adopted to establish the criteria which a rat control program would have to meet to be certified as adequate by the Department.

The Water Supply Section continued its general responsibility for all environmental engineering aspects and surveillance of some three hundred and fifty municipal water supply systems; including review and evaluation of all new sources, treatment, storage and distribution facilities. During the year twelve new sources were approved and twenty-five major proposals for treatment, storage and new plant construction were reviewed.

The Water Supply and Water Quality Evaluation Division continued its program of inspecting and licensing cross connections between public water supplies and non-potable sources, held nine hearings on land taken for water supply purposes, and made many court appearances to enforce the Department's rules and regulations.

In its program of cooperation with other State agencies, the Department has voluntarily investigated over two hundred applications referred to it by the Bureau of Natural Resources. Passage late in 1968 of the "Inland Wetland Law" will undoubtedly call for more service of this sort, which requires inspection by an engineer to determine the possible effects on private or public water supply of a proposed work, and subsequent report and recommendation. For the Department of Public Works, the Department examines hundreds of private wells each year along the routes of proposed new highway construction; and inspects wells, sanitary facilities and bathing areas at all State parks.

The laboratory effort of the Department centered around the Lawrence Experiment Station and the District laboratory at Amherst. A new laboratory built as part of the Regional Health Center at Lakeville, is being staffed. The water pollution laboratory of the Lawrence Experiment Station is conducting all the laboratory analyses for the new Division of Water Pollution Control in the Department of Natural Resources. Research continued during the year on the chemical and bacterial properties of Chlorosulfamines and the depuration of shellfish.

Because the Division enjoys a wide reputation as a pioneer in environmental science and engineering and maintains excellent relations with the academic community, professional societies and leading consulting engineers, it has been relatively successful in recruiting and training young engineers and scientists. With the rapid expansion of the field of environmental health control, however, the Division will need to increase its nucleus of highly trained professionals in order to meet the commitments demanded by its programs in the increasingly challenging future for environmental health.



Division of Local Health Services

The primary objective of the Division is to provide an organizational structure for the promotion and distribution of activities and services of all units of the Department. In so doing, the Division works very closely with local governmental and voluntary health organizations.

At the end of the last fiscal year, the Governor re-designated the State health planning agency, transferring this function from the Department to the Executive Office for Administration and Finance. There it became part of an over-all State agency planning program. As a result, the health planning component in the over-all planning operation did not receive the priority it might otherwise have had. An Advisory Council for State-wide health planning was appointed by the Governor toward the end of the fiscal year and organized to function actively during the coming year. Staff members from the regional offices were involved in considerable local area-wide planning.

The development of a Brockton service area for Mental Health, Public Health, Public Welfare and Vocational Rehabilitation progressed in that appropriations were made for architectural planning for a physical facility. An interdepartmental committee has been meeting regularly and has held discussions with the Health and Welfare Commission; program activities of the four departments will be incorporated in the forthcoming architectural plans.

The consultation and evaluation service for the summer Head Start programs in Massachusetts received national attention, and at the request of the Office of Economic Opportunity another contract was signed to provide such service to the year-round as well as summer Head Start. Following an intensive evaluation of the summer consultation service, it was agreed that the activities would be administered by the Division of Maternal and Child Health Services so that it could be closely coordinated with the day care program. The transition of administration proceeded smoothly and at the end of the fiscal year the consultation service was operating well.

The 1968 Legislature enacted a bill, Chapter 718, relating to improved services for migratory farm labor. This new law places a direct responsibility upon the Department to certify farm labor camps for occupancy providing they meet the provisions of Article III of the Sanitary Code which concerns Housing and Sanitation Standards for Farm Labor Camps. An extension of the work that had been done by the migrant health project in cooperation with sanitation personnel in the regional offices, the new law charges the Department with an additional responsibility, the development of standards for the "visitation rights" of the migrant workers and the implementation of these standards, as well as recreational and educational opportunities for the farm workers. At the end of the fiscal year, standards had been developed, reviewed and accepted by the Public Health Council. Experience during the summer and fall of 1968 with the discharge

of this responsibility will provide information in the event modifications in the law are sought during the next legislative session.

The combination of health and hospitals departments in the cities of Cambridge and Boston has resulted in satisfactory progress.

Nursing Section

The purposes of the Nursing Section are to promote nursing service of the highest quality and to secure a more equitable distribution of public health nurses throughout the State.

Activities for the past year showed steady progress toward purposes. There has been a substantial increase in communities that have two, three or four therapeutic services. Twenty-one communities have access to all therapeutic services, compared with one community in 1967. Improving the quality and utilization of these services remains a goal.

Home health agencies have shown lively interest in regional planning for nursing and other services and in the study of existing health services and the use of professional personnel. Although integrated nursing services (school, department and bedside) have been accepted in principle, in practice there has been reluctance to make changes in this direction. Now social factors are forcing planning groups to review and re-assess health needs in light of present nurse power. The result has been a real swing toward the use of the family health nurse. At present sixty-eight per cent of the home health agencies provide service with another agency. Within two years there has been a fifty per cent increase in agencies combining services.

Nursing supervision has long been accepted as an important element not only in improving the quality of service but in providing leadership to lay agencies that plan to meet health needs. Aware of the dearth of adequate nursing supervision among small nursing agencies, the Nursing Section took a firm stand in a position paper subsequently approved by the Public Health Council. Rules and regulations on this subject were prepared and duly processed, and became effective July 1, 1968. A definite increase in qualified supervision followed.

Quarterly revisions of the directory of home health services have been prepared and given wide distribution to hospitals, extended care and social and other health agencies. A much needed handbook of nursing procedures for public health nurses was prepared and distributed to all practicing community nurses. Three issues of the "Focus" jointly prepared by Nutrition and Nursing Services were distributed. A guide for the employment of school health aides was prepared and sent to all school administrators.

The Section has been actively involved as a member of the Governor's Standing Committee on Nursing. The first interdepartmental conference was held for superintendents and nursing directors with a focus on nursing utilization in State institutions. Task forces were formed to work on areas of concern related to nursing practice, education and training,

recruitment, evaluation and research. Some positive changes have been initiated in response to task force recommendations.

The Nursing and Social Work Sections participated with the Massachusetts Medical Society in a one-day workshop on communications. Local nurses in the Western region and nursing supervisors in the Southeast region had in-service programs.

The public health hospitals nursing services have been studying and surveying such areas as transportation of patients, non-nursing duties, nursing attitudes, feeding problems and central time planning. At least two institutions are experimenting with the use of ward clerks to release nurses for nursing. In the program for education of practical nurses, four schools are being studied to collect data on admissions, withdrawals and graduates. Student results of the year's State Board licensure examination were gratifying.

Recruitment of public health nursing staffs for the Maternity and Infant Care Project in Boston has been proceeding well because of the high calibre of the nurses recruited, as well as the cooperative interest of directors of nursing in the participating agencies.

An expanded program for Emergency Preparedness for Nursing was completed and implemented as a pilot course. Because of some of its unique points, a discussion of this program was presented at the American Nurses Association biennial convention in the spring of 1968.

Nutrition Section

The Nutrition Section has the following purposes: policy-making, planning, implementation and evaluation of the nutrition component of the Department's program; participation in similar activities with Federal, State and local agencies; exploring unmet needs in nutrition; acting as a professional resource for professional workers and citizens of the Commonwealth; providing orientation, in-service training or field experience for Department staff; professional colleagues, graduate students and visitors.

Although retirements and resignations made this a strenuous year for the remaining Section staff, some noteworthy activities took place. In the first year of the Maternity and Infant Care and Children and Youth projects in Boston, all patients were given an initial dietary assessment and those with special problems were seen at least two or three times for follow-up. Regularly monthly meetings were held for in-service education and discussion of common problems and achievements. Day Care -- a priority for all nutritionists, since the early years are strategic in building good eating habits, involved Head Start consultation on child nutrition and parent education; the cooperative health program during the summer of 1967; and work with day care agencies licensed by the Department.

The needs of low income families, including the elderly who live alone, received special attention in a State-wide conference of nutritionists, dietitians and home economists working with low income families. An

ad hoc committee was formed to work on a program of joint activities for neighborhood families getting along on very limited resources. Ideas for better use of community food were circulated. Meetings were held with officials of the Food Stamp Plan to learn of the latest developments in Massachusetts, and of how communities and families can be helped to make the most of this opportunity for more nutritious food. New teaching materials are being prepared.

Massachusetts was one of eight States invited by the Public Health Service to take part in the National Nutrition Survey. The Department agreed to cooperate with Dr. Fredrick J. Stare, Director of the Department of Nutrition, Harvard School of Public Health. It is hoped that findings from the Survey will give a clearer picture of actual conditions in the State, so far as hunger and malnutrition are concerned. In answer to a letter to the Commissioner from the Citizens' Board of Inquiry into Hunger and Malnutrition, a reply was prepared indicating lack of documented evidence in Massachusetts but pointing out the general picture. Ten copies of the Report of the Board, entitled "Hunger U.S.A." and mentioning one study in Boston, were purchased and distributed.

The Section Chief was invited to a luncheon meeting at the White House on "What the Citizen Can Do to Improve the Health of the American Child." A paper on nutrition was left with the meeting secretary and a copy sent to the Children's Bureau.

Demonstrations of community nutrition service through local Visiting Nurse Associations were held in Lowell and Brockton.

More than one hundred dietary consultants were recruited and trained to serve Extended Care Facilities. "Guidelines on Dietary Consultation" were prepared and distributed after official acceptance by the Nursing Home Division and the Massachusetts Dietetic Association. Courses in "Supervision" were given, in cooperation with local adult education programs, for food service supervisors in nursing homes in the Southeastern and Central Regions. Consultation and teaching aids were provided to agencies giving homemaker services and training home-health aides.

Social Work Section

The purpose of the Social Work Section is to identify and modify the social, psychological and environmental factors which contribute to health problems or influence the use of health services. Social workers in the Section function as members of an interprofessional team, working in close collaboration with other health personnel. During the 1968 period, there has been a blending of social work interests and programs, both within the Department and within the community. The Social Work Section has assumed a basic role in the professional structure of the Department, resulting in an awareness and an understanding of the inter-relationship of the social work services among the various service programs of the Department.

With the establishment of the Maternity and Infant Care and

Children and Youth programs, the implementation of the Medicare services, and the development of Extended Care Facilities as well as Home Health Agencies, a large number of professionally-oriented social workers have been employed under the over-all aegis of the Department of Public Health, who have been functionally involved with the Social Work Section.

It is interesting to note that there are approximately thirty-eight regular social work employees of the Department of Public Health, operating in the traditional settings of hospitals, clinics and regions, and approximately one hundred and fourteen social workers engaged professionally in Extended Care Facilities, Home Health Agencies and Alcoholism Clinics.

An outstanding achievement of the year was the establishment of guidelines for social workers in Extended Care Facilities and contract agreements with proprietors. The guidelines were drawn up and unanimously agreed upon by a voluntary association of key medical workers of major medical centers in the Commonwealth, under the direction of the Supervisor of Social Services in the Division of Nursing Homes and Related Facilities.

In the seven Public Health hospitals, social workers helped patients with personal and environmental difficulties. In Crippled Children's clinics, all new patients were interviewed to secure social data relevant to the medical problems under treatment. In Day Care centers, social work staff had responsibility for screening admissions of all handicapped children and all children under three years of age. The social workers in the Maternity and Infant Care program and Children and Youth program served as part of the interprofessional team providing quality medical care. In the outpatient alcoholism clinics, social workers were concerned with the medical and social problems of alcoholic patients.

Of primary concern for the year ahead is a plan to bring together social work supervisors of these various programs to think through, jointly, a social work training and orientation program which will be meaningful to all social work staff members.

Regional Health Offices

The purpose of the district offices is to advise, assist and train local communities in the achievement of adequate, efficient, modern health service; to interpret the public health laws to the health consumer; and to inform interested groups of the needs and trends in public health. The district office carries out and coordinates certain direct service programs of the Department, assists in other Departmental programs providing services to local communities, and provides general assistance and consultation to local boards of health and other health agencies.

Central District

The Nursing Advisors have spent most of their time in consultant services to existing home health agencies and in communities where deficiencies in such services exist.

A positive attitude toward the concept of regionalization seems to be emerging. The newly organized Wachusett Home Health Care Program will cover seven district towns. The Burbank Hospital Comprehensive Home Care Program was launched, with eleven therapeutic services available. Assabet Valley Health Association has become incorporated. The Committee for the Brookfield Area Health Services will soon be ready for incorporation. In Worcester the Family Service Organization has initiated planning for the development of a Homemaker-Home Health Aide Service on a regional basis; and the Worcester City Health Department has received a grant to establish a family health center at Worcester City Hospital..

The North Central Task Force and the South Central Task Force of the Central Massachusetts Health Planning and Coordinating Committee have been organized to implement community participation in comprehensive planning.

In the area of maternal and child health, a Well Child Conference for Blackstone and Millville has been started. Nursing home supervisors have shown interest in developing a project to improve nursing care for "high risk" mothers and infants.

Institutes, workshops and afternoon sessions have been presented in successful in-service sessions for nurse training. In the training program channeled through the Associated Boards of Health, an actual demonstration of good public health practice (proper sanitary landfill operation) was supplemented with films and speakers on current legislation and fluoridation.

The nutritionist has advised dietitians in nursing homes and leaders of weight-control groups. For mothers in the Head Start program her topic has been "Let's Go - to the Supermarket," with economical buying tips. The District is involved with Head Start through the active Day Care program.

Highlighting National Children's Dental Health Week, programs were conducted in all schools of the District. Dental health posters were displayed, and radio and television announcements made. A preschool dental inspection conducted in Winchendon was well received.

The alcoholism coordinator attended a course on alcoholic studies at Rutgers University. The tuberculosis nurse continued clinic supervision. The Nursing Home Inspectors were involved in monthly Medicare visits to each extended care facility, a special project on disaster plans for nursing homes and a survey of services in nursing homes, as well as routine inspection and re-licensing programs.

In sanitary engineering, several new communities started sanitary landfill operations, eliminating their open-faced dumps and the attendant nuisances of smoke, odor and rodents. Public hearing and orders from the Public Health Council preceded the action.

Future plans include the establishment of courses in public health nursing for graduates of diploma programs within commuting distance of Fitchburg and Worcester.

Northeastern Region

Long-range needs in the matter of in-service training for Home Health Agencies were determined. In-service educational sessions were held for school nurses. A program on nurse training in coronary care for North Shore personnel at Salem Hospital was funded.

Much time was devoted to advising agencies about cost studies, program development and planning and the use and procurement of second services for the Medicare program. The licensing of day care services involved nursing advisors, nutritionists, and a specialist in early childhood education. Consultation on the health component of the Head Start program was provided.

Thirty-two farm labor camps were certified. In many work camps extensive repairs, housing renovations, and new sewage disposal systems were completed.

The Household Visitation program continued among two-year olds, to determine immunization levels. Each case of measles reported in the region was investigated, as well as many cases of influenza and paratyphoid Salmonella.

A family planning institute was held at Lowell to acquaint nurses and others with the Massachusetts law and the resources available. Nutrition consultation went to operators of nursing homes, day care centers, church groups, and the Crippled Children's program. The dental health activities included a three-day workshop for dental hygienists at the Essex County Agricultural and Technical Institute in May. Theme: "Do-It-Yourself Visual Aids."

Data processing for Home Health Agencies is one objective with high priority for the future.

Southeastern Region

The major function of the nursing program was consultation with: 1) Home Health Agencies, to prepare them for re-certification under Medicare; 2) Visiting Nurse Association and Homemaker Health Aide Services to work out the role of the nurse; 3) School health and Head Start programs. In-service training programs for school nurses, public health nurses and agency board members were also planned. The nurses participated in the Maternity Task Force for the Brockton Human Resource Project.

The nutritionist, along with her customary consultation, helped to develop a course for nursing home cooks and a series of seminars for hospital food supervisors. Establishment of a Fall River Homemaker Service brought the number of such agencies to eight.

A successful glaucoma screening project was held in Brockton. Schools in New Bedford and Fall River showed interest in using materials on smoking, alcohol and drugs in their curriculum. Crippled Children's

clinic continued to provide services, with a decrease in clinic visits (possibly due to Medicaid) but an aggravated load of related social problems, such as broken homes.

A new component of the Migrant Health Program was begun this year. The project is paying the medical bills of migrants who become ill while employed. The coordinator of this program has worked with physicians and hospitals in accepting referrals.

The Injury Control Coordinator worked on the Governor's Highway Safety Committee to implement the emergency medical services directed in the Highway Safety Act of 1966. Among the injury control programs carried out was a two-day institute on Campus Health and Safety, for New England schools of higher learning; a one-day institute on safety in nursing homes for nursing home staffs in the Region; a series of lectures for the Taunton Department of Public Welfare, including "Prevention of Childhood Accidents through the Application of Knowledge of the Child's Growth and Development."

Passage of the fluoridation bill will present the dental hygienist with new challenges as she works with local boards of health to plan for fluoridating water supplies. Other plans for the future include an intensified inspection schedule in the Day Care program; an evaluation of the Crippled Children's Clinics; an effort to improve record keeping of records and relevant statistical information. To date, planning of the Southeastern Office toward the goal of comprehensive health services has taken two forms: 1) data gathering and the listing of resources; 2) exploratory discussions with health agencies, singly or in groups.

Small towns are becoming more and more dependent on the Regional Office for direct services, such as environmental sanitation (which includes migrant health, recreational camps, sewage disposal, water supplies and swimming pools). They are dependent also for day care inspections and for the provision of vaccine in connection with the compulsory immunization law.

Paramount to the future will be the aim to treat the entire field of medical care as an integrated unit; to focus on the health needs of people rather than agencies. This will require a change in philosophy as well as in organizational structure. The use of multi-discipline teams to work with local organizations may be one answer.

Western Region

Progress in the developing relations between the Regional Office and the local boards of health has been marked by a successful meeting sponsored by all four of the county associations of local boards.

In-service education on "Community Health Nursing" and orientation sessions for new members of boards of health were prominent among the educational activities. A study of physicians serving on local boards of health was undertaken by two medical students under staff guidance.

A glaucoma clinic in Ware drew more than two hundred participants. Progress was made in programs for diabetes and cervical cancer detection. Licensure inspection and Medicare certification continued to demand the time of the nursing home inspectors.

The epidemiologist followed up a gastroenteritis outbreak at Smith College, five cases of malaria, and identified a typhoid fever carrier. A communicable diseases meeting, sponsored by the Department, attracted sanitarians, physicians, members of boards of health, and nurses from a variety of fields.

The major direct service program in the Region continues to be the Crippled Children's Clinics. Staff members are cooperating in establishing a Regional Pioneer Valley Day Care Committee, and in advising the Head Start program. In the area of migrant health, thirty-seven farm labor camps have been certified, housing more than eight hundred tobacco and produce workers. A Spanish language assistant has been assigned to work in the Region for the summer months. Operation Friendship, a community group, is supplying migrant camps with some transportation, recreation and a bookmobile.

The alcoholism clinic at Franklin County Public Hospital in Greenfield was established and began operation. The Maternal and Infant Care Project has been set up at Wesson Maternity Hospital in Springfield, marking the success of a four-year effort to improve health in that area. After intensive dental health education, Holyoke became the first community in western Massachusetts to institute fluoridation.

In the field of health planning, regional staff are involved in discussions with the Connecticut Valley Health Planning Council, the Berkshire Area Health Project, the Implementation Committee of the Springfield Area Community Health Study, and the Riverview (Springfield) Community Health Project. Development of a health program is being discussed with Springfield Model Cities staff.

The sanitary engineering division approved chlorinating facilities, reviewed sewage disposal systems, examined dump sites, and worked with the Lower Pioneer Valley Air Pollution Control District in matters of air pollution. The division of food and drugs inspected all country fairs, giving considerable time to the West Springfield Eastern States Exposition. Two supermarket fires, which occurred during periods of extreme cold, demanded long hours of work under adverse conditions to expedite the disposition of condemned foodstuffs. The continued inspection of milk products confirmed the importance of this program in keeping the milk supply free from antibiotics. A large increase over last year in the number and type of narcotic samples necessitates new techniques to detect the sophisticated new drugs.

Future plans include an effort to continue and develop the Springfield project in maternal and child health with special reference to high risk patients, and development of a Neighborhood Health Center in Springfield's proposed Model City area.

Division of Maternal and Child Health Services

The Division is accountable to all mothers and children in the Commonwealth for the provision of a full spectrum of advanced health services. During the current year the primary thrust was the extension and improvement of services for 1) the reduction of infant mortality; 2) the earlier case findings of crippled children or those who are suffering from conditions that lead to crippling.

Massachusetts law makes provision for public payment of hospitalization costs for infants weighing five pounds or less at birth if parents are unable to pay. Hospital bills were paid for one thousand and thirty-three premature infants in 1967. A study was made of premature infants born in 1966 whose hospital bills were paid under the program. Premature births for 1964 were tabulated to obtain the incidence rates for prematurity for every city and town in Massachusetts.

The Committee on Perinatal Welfare has been actively engaged since January 1967 in an in-depth study of the State's perinatal and infant mortality. Data are being analyzed to identify facts affecting mortality and improvements most likely to reduce mortality, to stimulate interest in mortality, to measure the meaningfulness of vital statistics in this age group, and to work toward guidelines and recommendations on obstetrical and pediatric problems.

The program for in-born errors of metabolism established in January 1963 has been a pioneering effort involving mass screening of newborns, confirmation, clinical management, and study of the children found to have specific metabolic defects. After five years a valuable reservoir of clinical and laboratory data has been accumulated, and the program continues to attract national and international professional visitors interested in establishing similar projects. The screening program this year has detected seven phenylketonurics, three homocystinurics, and over twenty infants with hyperamino-acidemia who were on very high protein diets. All are responding satisfactorily to dietary therapy. In addition the screening program has detected many examples of disorders requiring little or no treatment.

In the preschool child health area, development of a Central Register of Licensed Day Care Services has continued. Appointment of new staff members should make the multi-discipline staff in the regional offices more effective consultants in the licensing program. Guidelines for Modified Day Care Services were developed.

Forty-seven teams of consultants have been mobilized to serve Head Start Centers. Each team contains at least one representative each from public health, pediatric, public welfare and mental health. A nutritionist or a dentist may be added when a special problem exists. The service reaches thousands of preschool children, particularly the hard to reach families in urban areas. Educational programs on the nursing role in the care of mentally retarded children have been provided.

School health activities included planning and updating the annual course for school physicians; helping the School Health Committee

of the Massachusetts Medical Society plan a very successful program on sex education and the drug problem in schools; providing Pediatric Nursing Consultation Service, which gives orientation and in-service education to school nurses and health aides. The Massachusetts Chapter of the American Academy of Pediatrics has appointed a representative to join the Departments of Public Health and Education in developing innovative patterns for delivery of school health services.

Child Growth and Development activities continued to grow rapidly. The rubella epidemic of 1964 has had a great impact on the habilitation program for preschool hard of hearing and deaf children. Large numbers of unsolicited letters were received from parents thanking the Department for its help in procuring hearing aids for their children.

In Crippled Children's Services, the chronic disease program at the New England Medical Center was extended to include any child in the State; the Seizure Program was extended to include children referred from the Massachusetts General Hospital; the Cystic Fibrosis Program established a clinic at Holden Hospital. Extension of the nephrosis program to include children with chronic renal failure gives Massachusetts a most progressive program in this area.

Crippled Children's Services also participated in a study of preschool children with rubella and a study of children with congenital heart disease. Plans were made for a case finding program for lead poisoning and a treatment center for preschool handicapped children in the Roxbury-Dorchester areas of Boston.

Plans for the coming year include work with the Committee on Fetus and Newborn of the Massachusetts Chapter of the American Academy of Pediatrics in establishing regional centers for the care of well, high risk premature infants; promotion of rehabilitative services for teenage unwed mothers; co-sponsoring a conference of pediatricians and psychiatrists concerned with new patterns for comprehensive child care in the child guidance center setting; and inaugurating a Roxbury community center that will provide intensive physiotherapy, occupational therapy, etc. for children with all types of handicaps.

BUREAU OF HOSPITAL FACILITIES

Division of Hospital Facilities

The functions of the Division of Hospital Facilities include inspection and licensure of hospitals, college and school infirmaries, clinics, dispensaries and blood banks; approval of corporation charters for hospitals, clinics and dispensaries; certification of ambulances under the jurisdiction of the Bureau; certification of hospitals under the Medicare program; certification of extended care facilities which are units of general hospitals or certification of chronic disease hospitals as extended care facilities.

The broad purpose of the inspection and licensing program is to provide adequate standards of care in all licensed facilities by educational and regulatory procedures. Registration and approval of such sources of ionizing radiation as x-ray facilities in the offices of general practitioners, x-ray specialists, and (by recent legislation) chiropractors, is also a responsibility.

Continuing its program in raising standards for hospital and clinic practice, the Department has achieved practically one hundred per cent accreditation of facilities in the general hospital category. Two chronic disease facilities were accredited during the year. The whole program of the Division is geared toward improving and enlarging medical facilities for community service. The most important new facility licensed during the fiscal year was the Cardinal Cushing General Hospital in Brockton, which will make a real contribution to medical care in the southeastern section of the State.

Efforts to promote area-wide planning continued. Progress was made by the Worcester agency set up for this purpose. The Greater Boston Hospital Planning Agency has instituted its program and the first payment of the Federal grant has been approved. The Berkshire Medical Center in Pittsfield has merged the activities of the Pittsfield General and St. Luke's Hospitals.

The Bureau's recommendation on the elimination of unnecessary maternity services in small hospitals is finding a good response. Nine hospitals have either discontinued such service or have set a date for closure. Approximately one hundred and fifty beds have been transferred from obstetrics to medical and surgical at a time when there is an extreme shortage of beds in the latter category. Improvements in service and financial benefits are the outstanding advantages from this change.

Control of cross-infection in hospitals is still an important function of the Bureau. Mass production and distribution of commercially prepared foods constitutes a problem with respect to Salmonella infections. One such outbreak, however, was demonstrated to be water-borne. As staphylococcal infection decreases, hospital infection with gram negative organisms (Pseudomonas, Klebsiella, proteus) are on the increase. An outbreak of Klebsiella septicemia in one hospital led to the discovery that a con-

taminated hand lotion was the vector. A survey of hand lotions in hospitals throughout the State showed that seventeen per cent were infected with gram negative organisms. Results of these findings were made known to hospitals in a memorandum and published in "Modern Hospital" for April 1960. The major educational activity for hospitals during the year was a symposium on cross-infection held at St. Vincent Hospital in Worcester in cooperation with the Communicable Disease Center of the Public Health Service.

Certification of hospitals under Medicare has become a significant activity of the Division. Although the majority of hospitals have been recommended for re-certification with substantial compliance (7a), a large number have been re-certified under 7b. The difficulty hospitals are experiencing in obtaining extended care beds is a major factor in the increased average stay reported in many hospitals. Interest in establishing extended care units has been shown by many institutions, and three were approved for Federal assistance.

Surveillance of utilization review, both in accredited and un-accredited hospitals is continuing. The Bureau has given assistance in program development to members of utilization review committees.

The program in radiological health expanded, with emphasis on the users of diagnostic x-ray equipment. A substantial number of installations surveyed were found not to conform with the Department's rules and regulations and are being altered to meet requirements. Division staff participated in the Massachusetts Health Research Institute's contract with the Public Health Service for the evaluation of polaroid film as a technique for determining scatter x-ray radiation levels and exposure to individuals.

Rules and regulations on the certification of ambulances were approved and became effective, toward the end of improving emergency transportation of patients to hospitals. It is expected that the law will be revised to include standards for training ambulance personnel.

The annual revision of the State Plan for the administration of the Hill-Burton Program was submitted to the Public Health Service and approved. Population density was introduced as a factor for the determination of priorities for modernization. Because of the interest in extended care facilities, the allotments in the long-term category will be insufficient to provide funds both for extended care units of general hospitals and for charitably incorporated nursing homes.

As a result of a special meeting with representatives of the Public Health Council and the Hospital Advisory Committee, it was voted that for the next five years of the program larger grants will be made available for teaching hospitals. Specifically, a double allotment in the general hospital category, as well as in the diagnostic and treatment category, will be made available for each large teaching hospital, and thirty per cent of the funds in the new construction, modernization and diagnostic and treatment categories will be set aside for teaching hospitals.

Educational activities will be expanded during the coming year.

Hospitals will be briefed on Federal programs to help them retain their schools of nursing. Consultation will be provided to hospitals contemplating the development of extended care units. Conferences on utilization review are being planned. There will be an emphasis on accreditation of chronic disease facilities, since general hospital accreditation has been virtually achieved and greater attention will be devoted to emergency medical services.

BUREAU OF INSTITUTE OF LABORATORIES

Division of Biologic Laboratories

The purpose of the Division of Biologic Laboratories since its establishment in 1894 has been to prepare and distribute to the citizens of Massachusetts the finest biologic products available. Among the Division's subsidiary purposes are the production, testing, packaging and distribution of twenty-five products in thirty-six package sizes; the processing of human blood donations obtained at hospital blood banks; the preparation, distribution, control, testing and monitoring of biologic products used in conjunction with public health programs of the Department; the performance of special laboratory services for laboratories with limited facilities; consultative services, advice, research, training, and education in the field of immunology.

During the past year, production of one little-used product (plain pertussis vaccine) has been discontinued. Distribution of normal horse blood and serum has been significantly reduced. Precipitated tetanus-diphtheria toxoid is being substituted for the less satisfactory fluid toxoid. Production of tetanus immune globulin (human) or "human tetanus antitoxin" is being increased to replace the older, less safe equine antitoxin. Licenses for production of these products under Federal standards were awarded by the Department of Health, Education, and Welfare.

Although the production of smallpox vaccine from calf lymph continues to yield a potent and exceptionally stable product, the Laboratories are carrying out pilot studies on the less time-consuming and more economical methods of producing smallpox vaccine in hen eggs. Field trials of this material are in the planning stage.

Arrangements for production of anti-Rh globulin have been completed and the first phase of actual production is under way. Massachusetts, because of its almost unique plasma-producing facility, is one of the few States able to undertake this program, which will afford Rh-negative mothers protection against Rh sensitization and thus will prevent hemolytic disease in five hundred or more infants a year. The Laboratories will produce this material at ten to twenty per cent of what it would cost if purchased. It is planned to expand the program into a regional New England venture.

In the year of the first heart transplants, the Biologic Laboratories broadened its cooperative program of production of antilymphocytic serum for use in preventing the rejection of transplanted tissues. Horses maintained at the Laboratories were immunized against human lymphocyte material, and specific purified antilymphocyte globulin prepared from their serum. The availability of this globulin has enabled the cooperating hospitals to move more rapidly in this field.

The Laboratories have made further progress in their search for a suitable production method for purified pertussis antigen, and have shown that the five-to-nine year age group in the Boston community is

already about sixty per cent immune to mumps -- a higher figure than was anticipated. Other studies have led to the development of a tetanus toxoid preparation of exceptionally high potency and purity. It is now under field study.

In answer to a request from the National Institutes of Health, the Laboratories are exploring the potential value of a vaccine to prevent pneumococcal pneumonia, still a major cause of death in elderly people.

Production schedules are being put on a uniform basis so as to be readily adapted to computer control when this becomes feasible. Two formerly separate filling and packaging sections in the Division have been unified and the whole procedure revamped and modernized.

Members of the Division staff lectured at Harvard, Tufts, and Boston Universities; served as advisors to Lemuel Shattuck Hospital, the Pan American Health Organization, and the World Health Organization; presented scientific papers at Tulane University, the annual meeting of the American Association of Immunologists, and a conference on human experimentation at the American Academy of Arts and Sciences.

Future plans include programs for protection against infections by Hemophilus influenzae, an organism capable of causing serious disease in young children; development of sources of plasma with high amounts of antibody to tetanus, vaccine virus, rabies and the pertussis organism; possible cooperation with other States in the area of blood processing. The Laboratories will devote maximal effort toward production of materials that have the highest medical urgency or financial value and which are either not commercially available or prohibitively expensive.

Division of Diagnostic Laboratories

The purpose of the Division of Diagnostic Laboratories is to aid in the improvement of public health by performing and developing diagnostic laboratory tests. In contrast to the original concept of a State health laboratory as concerned only with infectious disease, the public health laboratory of today is broadly concerned with non-infectious diseases as well, wherever the health of the people requires services not satisfactorily available from local or private sources alone.

The Metabolic Disorders Screening Laboratory illustrates this expanding range of responsibility, beyond the confines of infectious disease. This laboratory has continued to test virtually every baby in Massachusetts for phenylketonuria (PKU), maple syrup urine disease (MSUD), and galactosemia. In addition, about one-third of all newborns are checked in follow-up tests. Hypermethioninemia, a metabolic disorder resulting from high protein diets in infants, has been well studied and reported in detail by the Division to the American Pediatric Society. In the past five years the program initiated by the Diagnostic Laboratories -- the first such State-wide program in the country -- has saved more than fifty babies from brain damage.

The screening of bloods from the Wassermann Laboratory has been

continued in order to obtain an estimate of the frequency of PKU among the general population.

The Wassermann Laboratory performed 490,000 tests -- an increase of more than 12,000 over 1966-67. The Laboratory is progressing toward the goal of automation. More than 1900 tests for rabies resulted in the identification of six rabid bats.

The Bacteriology Laboratory played a part in the control of a streptococcus outbreak in an obstetrical hospital. The Laboratory was also involved in an investigation of hand lotion (used by hospital nurses) to which an infection was traced. The program for rapid diagnosis of streptococcal infection continued to grow.

The increasing demand for service from the Virology Laboratory, for determining immunity or susceptibility to rubella (german measles) in pregnant women, will help prevent crippling defects in babies. The Encephalitis Field Station continued its surveillance program and was able, with the Virology Laboratory, to check out promptly three pheasant encephalitis outbreaks (the first since 1959), as well as to continue its search for animal viruses dangerous to man. Another such virus (Powassan virus) was isolated and identified for the first time in Massachusetts. Eleven more unidentified viruses are under intensive study. Influenza A2 virus was isolated several times, and an Influenza B strain, isolated by the Virology Laboratory the previous year was selected as a national and international reference and vaccine-production strain.

The Laboratory Approval Program recommended 314 laboratories for approval for specified tests, a ten per cent increase over last year. The Medicare Certification Program continued to survey clinical laboratories certified by Medicare, another important example of the expanding role of the modern diagnostic laboratory in public health.

BUREAU OF TUBERCULOSIS AND INSTITUTIONS

Division of Sanatoria and Tuberculosis Control

This Division has two major public health functions: 1) ultimate eradication of tuberculosis in this State through programs which include State-wide networks of inpatient and outpatient facilities; 2) administrative supervision of six public health hospitals. Under Chapter 608, Acts of 1961, providing for reorganization of tuberculosis control in the Commonwealth, this Division is responsible for the admission, transfer and discharge of all tuberculosis patients requiring hospitalization. Necessary inpatient care is provided under contracts with one municipal and three county hospitals. A part of Western Massachusetts Hospital is also utilized for this purpose.

Certain important and sizeable functions of this Division are involved in the carrying out of legal responsibilities; i.e., payment to contract hospitals for the care of all tuberculosis patients, collection of reimbursements from communities for their share of tuberculosis patient care, and proper crediting to all parties of the payments from patients and/or third-party payors, such as Medicare, Medicaid, and hospitalization insurance. Some insight into the complexity and scope of these activities may be gained by the observation that over 185,000 inpatient days were accumulated while nearly 135,000 outpatient clinic visits were logged.

Positive efforts are being exerted toward early restoration of patients to active life by minimizing inpatient treatment wherever possible and by increased emphasis upon early ambulation and treatment on an outpatient basis. By providing supervision, consultation and financial support, services and facilities of fifty-nine outpatient clinics located strategically throughout the State have been expanded and/or substantially improved. Measureable progress is indicated by the fact that average daily inpatient census, hospital admissions, case rate and accumulated patient days were all lower than last year, although the number of newly reported cases stayed at 910 for the second consecutive year.

Notable progress has become apparent in various other program activities: a Recalcitrant Treatment Center was reactivated, following a four-year lapse, enabling restoration of the commitment process for a number of uncooperative tuberculosis patients; preliminary steps were taken toward further consolidation of tuberculosis hospital facilities; redrafted legislation was submitted and supported seeking authorization for expanding tuberculosis outpatient facilities to include services for residents who have chronic obstructive lung diseases; the Division of Child Guardianship's policy of x-raying adopting parents was changed to include tuberculin testing; the Department of Public Welfare was persuaded to review its policy of not allowing applications for aid from patients in tuberculosis hospitals; use of a new clinic inter-agency form provides more adequate and uniform information; laboratory facilities, equipment and services have been significantly improved and a regional reference laboratory system was developed and implemented so as to upgrade both the quality of laboratory tests and the speed of reporting; local physicians and public

health nurses have been encouraged to attend excellent courses in Clinical Management and Tuberculosis Control, sponsored by the United States Public Health Service; the child centered school testing program begun some time ago was expanded to include more than 112,000 children; private physicians were encouraged to administer tuberculin tests in their private practice by making Tine tests available without charge through established biologic stations; as a result of continuing analysis, concentrated tuberculosis control efforts are being focused upon areas of high incidence; and a medical audit of all tuberculosis hospitals was completed, with a number of favorable comments.

Functions, programs and facilities of Public Health hospitals have been altered radically and further changes are in prospect as a result of a virtual revolution in medical care technology and hospital care, which has followed hard on the heels of Federal Social Security legislation. Inadequacies in the present administrative set-up have been delineated and recommendations for dealing with present problems, as well as the challenges inherent in modern hospital management and medical care operations have been set forth. A planned consolidation of all medical facilities owned by the Commonwealth is urged as a sensible approach toward achieving financial savings, improved comprehensive care of patients, and better utilization of existing skilled, medical personnel.

Despite existing handicaps in personnel and resources, noticeable progress or improvement resulted in many areas of activity as follows: implementation of the cost accounting system has proceeded reasonably well; a program for professional appraisal of hospital buildings and equipment for depreciation reimbursement under Medicare has achieved momentum; on the whole, Medicare and Medicaid are functioning well, with improved collections from these sources as well as other third-party payors; establishment of a personnel management program for hospitals may soon become a reality with the anticipated approval of an appropriate position for each institution.

Significant developments in the area of nursing included a Governor's Conference on Nursing Utilization; establishment of a Standing Committee on Nursing by Governor Volpe; establishment of a Commission to study nursing shortages in Massachusetts; a study of nursing education in the Commonwealth; and a number of programs which enable nursing personnel in State service to continue their education.

Department Hospitals

Lakeville Hospital

The purpose of the Lakeville Hospital is that of a chronic hospital, to care for patients principally on a regional basis, although patients from all parts of the State are admitted. The hospital is oriented toward orthopedics. The primary purpose of the hospital is to provide rehabilitation by means of surgery, physiotherapy, occupational therapy, and training in the use of prosthesis. Other purposes are to serve as an intermediary way station between the general hospital and the nursing home

after maximal rehabilitation is accomplished; to provide training, both on a postgraduate level for Residents in orthopedics and on an affiliated level for Licensed Practical Nurses; to provide treatment care for children afflicted with intractable asthma.

Experience has shown that so-called 'intractable asthma' to a large extent is due to psychological factors and that a less emotional environment than that offered by the parents is necessary to improve these children. Lakeville Hospital offers an ideal environment for such patients because schooling is available covering grades one through eight, and tutoring in the higher grades. Drug treatment is promptly available, as is accessibility to skilled nursing care and medical supervision. Lakeville Hospital has allocated twelve beds for the long-term treatment of these patients. This strengthens the hospital's pediatric section, which is important in the training of Licensed Practical Nurses. One hundred and twenty-nine Licensed Practical Nurses were trained in pediatrics last year as part of an affiliation program with Diman Vocational School and the Cape Cod School of Nursing.

Services at the Lakeville Hospital were maintained unchanged. There was a slight decline in admissions which can be attributed to the marked decline in admission of Medicare and Extended Care patients; the result of the growing competition of newly opened extended care facilities. The Tuberculosis Clinic from the now defunct Bristol County Sanatorium was transferred to the Lakeville Hospital. Symposia on Birth Defects and Respiratory Aids were held at the hospital, and the Third International Congress of the Medical Institute Association of the Portuguese Language included Lakeville Hospital in its five-day international meeting.

Completion of the two-hundred bed nurses home should bring the opening of a school for Licensed Practical Attendants within range of possibility.

Massachusetts Hospital School

The Massachusetts Hospital School was established in 1904 for the care and education of the mentally competent, physically handicapped children of the Commonwealth. The educational methods of the school are based on the belief that the economic independence of handicapped children depends even more upon their mental attitude toward a life of usefulness than upon their physical handicap.

The new high school building was completed in the summer of 1968. Its auditorium will seat between five and six hundred people, with space for wheelchairs and bed carts at various levels. Graduating classes can be seated without crowding. There will be adequate office space in the new building; practice rooms adjacent to the music classrooms; and, for the first time facilities for a satisfactory home economics program.

The greenhouse was completed and regular classes in horticulture have been scheduled. The growing of plants and flowers will not only provide pleasure and beauty to students, but may prove of occupational

benefit later on.

All senior high school graduates who planned to continue their education were accepted by more than one college -- and one girl by four.

Two student occupational therapists from Sargent College, Boston University, worked for three months in affiliation with the Hospital School. Four teacher-aides came for four months from Wilberforce University in Ohio. About fifty Practical Nurse Students from Chelsea Soldier's Home and Pondville Hospital had pediatric experience at the Hospital School during the year.

The low school census -- one hundred and seventy-eight -- is probably due to a decline in the number of patients with residual physical defects caused by such diseases as poliomyelitis and tuberculosis of bones and joints; and the adoption of medical care plans (Medicaid, Medicare) which improve the local health care programs in local communities and hospitals.

Pondville Hospital

Like other hospitals, Pondville Hospital provides patient care, education and training and opportunities for clinical research. The hospital was established in 1927 for the diagnosis, treatment and follow-up of patients with cancer or precancerous lesions.

During 1967-1968 Pondville Hospital continued to provide service to patients with cancer and allied diseases from a wide geographic area of the State. The 958 admissions and 16,642 outpatient visits represented about two hundred cities and towns. The majority of Pondville's patients are referred by local physicians. Complete reports enable the physicians to continue therapy after the patients have returned to their homes. Pondville follows the patients for years thereafter to ascertain the results obtained from therapy. This approach to the community problem of cancer provides an important educational program for the medical profession in the area. During the year approximately twelve Assistant Physicians received training at Pondville in such fields as medicine, surgery, pathology and radiology. Pondville provides a variety of tumor cases unavailable in general hospitals, plus training in the most advanced methods of diagnosis and treatment. A brochure listing these services was prepared and mailed to about seven thousand Massachusetts physicians.

Affiliation with the Boston City Hospital and Boston University was perhaps the most significant new development. By this agreement Pondville will have the continuing services of a Junior Radiologist, a Resident in Radiation Therapy and a Resident in Diagnostic Therapy. There was an increase in the mammograms performed, partly because of sharpened interest in the field of breast cancer. Isotope scanning of organs increased by fifty per cent.

Construction of the new hospital remains the number one priority in plans for the future. A study was made of the possible conversion of the Service Building into an extended care facility for about sixty patients.

The Regional Medical Program Committee is developing a program which will enable Pondville to fulfill its role as a Cancer Center providing services for a large area of the Commonwealth.

Rutland Heights Hospital

The essential purpose of the Rutland Heights Hospital is the care and treatment of patients suffering from chronic and other diseases. One of its allied aims is to change the public image of a chronic disease hospital from one emphasizing perpetual care for patients with a severely limited future, to one emphasizing the individual patient's dignity, abilities and potentialities for returning to society. The hospital's reputation is based increasingly on its ability to rehabilitate the victims of illness or accident to their maximum level. This has meant educating employees, patients and their families in the concept that the patient who helps himself usually achieves and maintains a higher level of physical and psychological health than does the patient who depends on traditional 'tender loving care.'

To establish better contact with other health services and to keep up to date on new medical and hospital development, members of the professional staff have participated in the New England Hospital Assembly, the New England Public Health Association meetings, and in other meetings and institutes. The hospital has been host to meetings of public health nurses, social workers, and hospital administrators. Employees have participated in the regular First Aid and Personal and Family Survival Training programs. Patients have found increasing opportunities for self-help in the Incentive Therapy program and in an expanded Sheltered Workshop program.

Improvements to hospital facilities have included the building and furnishing of a paved patio for the use of patients; the modification and enclosure of the corridor heating system to limit its safety hazards; the construction and furnishing of new bacteriological and isolation laboratories; and work on a new parking lot.

The hospital has a continual In-service Training Program for the members of its nursing staff, and provides continuing education for physicians, nurses and allied medical personnel. The hospital also continues to work with the Mental Health Rehabilitation Center and had nineteen young adults receiving training in its various departments. A training program has been instituted in conjunction with the Massachusetts Neighborhood Youth Corps. This has involved the hospital in new challenges, especially in local attitudes toward the culturally deprived.

The program with the Massachusetts Rehabilitation Commission has been expanded. Preliminary meetings have been held with representatives of the Massachusetts Vocational Technical School on their proposal to train Licensed Practical Nurses and medical and paramedical aides at Rutland Heights Hospital. The hospital continued to teach rehabilitation nursing to student practical nurses from the David Hale Fanning Trade High School and to conduct the regular program to train nurses' aides.

A Health Maintenance Clinic which will provide screening examinations for the inhabitants of nearby semi-rural communities is being initiated on a pilot basis. Future plans also envision providing the area with tuberculosis case-finding services.

Tewksbury Hospital

Tewksbury Hospital, founded in 1852, provides care and treatment for chronically ill patients, including domiciliary and terminal care.

The dedication of Tewksbury's new hospital building was held on June 14, 1968, with more than six hundred people present. Plans have been substantially completed for the construction of two wings, with three hundred beds each, to be added to the present complex of the new building. The underground power lines distribution system was completed and the electrical panel distribution center installed. The fire alarm system is being renovated.

The Northeastern Regional Health Office is located in the new hospital building. The Northeastern Region includes all of Essex and part of Middlesex Counties, with sixty-five cities and towns and a population of one and a half million.

During the fiscal year the hospital cared for 2772 patients -- fifty-five more than last year. The waiting list for admission of patients is at an all-time high.

In the occupational therapy department, two shops are open five days a week, and many patients who are unable to leave the wards are helped in the wards. Weaving, hooking rugs, chair caning, electric appliance repair and other forms of light work are taught. Ceramic classes taught by the Commonwealth Service Corps continue to be a well attended project.

The inhalation-therapy department, now in its second year, has added apparatus for measurement of pulmonary function. A resuscitation committee was created and monthly meetings are held with the ultimate goal of providing instruction in cardiopulmonary resuscitation to all hospital employees.

Two major nursing programs were presented at the hospital. An institute titled "Striking Back at Stroke" was presented for all Registered Nurses. A similar program on the care of the stroke patient was presented for the Licensed Practical Nurses.

Western Massachusetts Hospital

Western Massachusetts Hospital functions not only as a hospital with designated services in the fields of cancer, tuberculosis and chronic disease but as a public health center serving the four western counties of the Commonwealth. It makes tuberculosis control and clinical laboratory services available to physicians and hospitals of western Massachusetts.

It is assuming an increasing role in the early detection of cancers of the breast and cervix. Additionally, the hospital maintains the only maxillo-facial prosthetic and reconstructive service in western Massachusetts.

In the field of cancer, admissions to the inpatient service during the past year reached an all-time high. A hospital based community Breast Self-Examination Program was conducted by the hospital staff with the cooperation of the American Cancer Society and the Westfield Women's Club. About two hundred women attended. The importance of the program can be gauged by the fact that ten per cent of the women were found to have significant breast lesions requiring further investigation. A program of cervical cancer detection by the Pap smear technique is being developed.

The total number of tuberculosis admissions diminished slightly. The present hospitalized case-load represents a mixture of hard-core cases resistive to treatment and some recently diagnosed cases mostly among males fifty-five years old or older. Outpatient visits to the tuberculosis clinic continue at the high level of the past few years; first visits to the clinic have increased substantially. In the extramural program, tuberculosis screening clinics are conducted in seven population centers of western Massachusetts.

An intensive detection program is conducted on school children and school personnel, and sizable programs in industry, state hospitals, prisons and prison camps. The follow-up of lapsed cases is a function of the hospital's Thoracic Clinic.

A study of hospital utilization and treatment practices has made possible a greater use of outpatient facilities for special diagnostic services. About one-third of all radiation therapy was also conducted on an outpatient basis. It should be noted that Western Massachusetts Hospital is a leader in the fields of chemotherapy, cryotherapy (a freeze applicator technique) and cobalt therapy of cancer and has the only approved cancer program, cancer registry and cancer residency training program in the region.

The position of Assistant Superintendent of the Cancer Division was re-designated "Chief of Surgical Services" with responsibility for coordination of all services relating to the care of cancer patients.

The Clinical Laboratory Department serves not only the hospital but functions as a Regional Public Health Laboratory for western Massachusetts. The bacteriology of tuberculosis continues to be one of the laboratory's chief concerns.

The school for Practical Nurses, whose new building was dedicated in September 1967, is an important source of well trained graduates for the area. The attractiveness of its program can be judged by the fact that there are three candidates for each vacancy. This past year the school set a precedent by accepting five male students.

The social service staff continues to serve both in- and out-patients and to maintain helpful relations with families of patients and community agencies.

Respectfully submitted,

Alfred L. Frechette, M.D., M.P.H.
Commissioner of Public Health

Benjamin M. Banks, M.D.

Bernard B. Berger, M.S.

John H. Knowles, M.D.

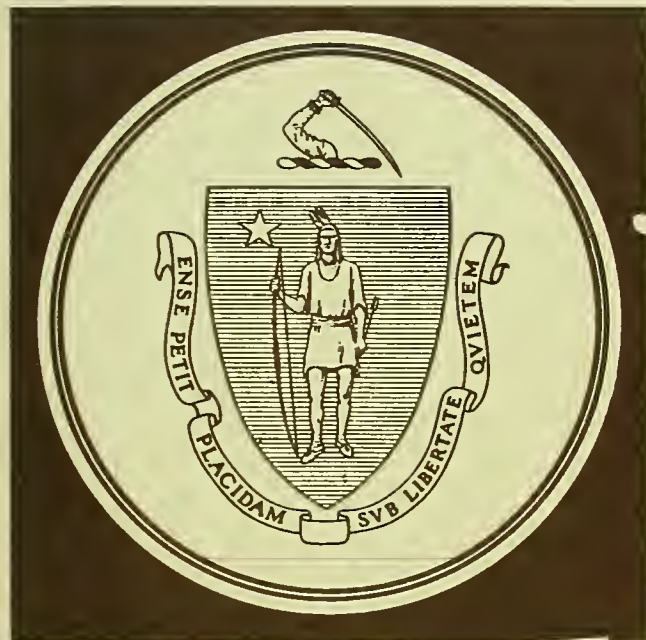
Samuel Kovner

Ralph E. Sirianni

John P. Rattigan, M.D.

PUBLIC HEALTH COUNCIL

The Commonwealth of Massachusetts



■ FIFTY-FIFTH ■ ANNUAL REPORT

of the

MASSACHUSETTS
Department of Public Health

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JULY 1, 1968 - JUNE 30, 1969

55th ANNUAL REPORT
of the
DEPARTMENT OF PUBLIC HEALTH
July 1, 1968 - June 30, 1969

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	Page
Administration	9
Adult Health	41
Alcoholism	42
Budget	40A
Communicable and Venereal Diseases	43
Dental Health	46
Drug Addiction Rehabilitation Board	11
Family Health Services	16
Food and Drugs	50
Health Education	20
Health Statistics	12
Hearing Officer	13
Hospitals, Department	
Lakeville Hospital	66
Lemuel Shattuck Hospital	48
Massachusetts Hospital School	67
Pondville Hospital	68
Rutland Heights Hospital	69
Tewksbury Hospital	70
Western Massachusetts Hospital	71
Laboratories, Institute of	63
Legislation	
Passed by 1968-1969 Legislature	30
Recommendations for 1970 Legislation	36
Local Health Services	55
Massachusetts Committee on Children and Youth	14
Massachusetts Health Research Institute, Inc.	15
Maternal and Infant Care Project	16
Maternal and Child Health Services	18
Medical Care	21
Nursing Homes and Related Facilities	47
Nursing Section	55
Nutrition Section	56
Patient Care Operations	22
Public Health Council	4
Regional Health Offices	58
Research, Development, and Professional Training	23
Regulations Promulgated by Department	24
Sanitary Engineering	52
Social Work Section	57
Training Center for Comprehensive Care	16
Tuberculosis Control	66

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

June 30, 1969

Commissioner of Public Health, Alfred L. Frechette, M.D., M.P.H.

PUBLIC HEALTH COUNCIL

Alfred L. Frechette, M.D., M.P.H., Chairman

Ralph E. Sirianni	1963-1969	John P. Rattigan, M.D.	1966-1972
John H. Knowles, M.D.	1964-1970	Benjamin M. Banks, M.D.	1967-1973
Samuel Kovner	1960-1971	Bernard B. Berger, M.S.	1966-1974

Moir E. Nixon, Secretary

OFFICE OF THE COMMISSIONER

Deputy Commissioner of Public Health	Ernest W. Cook, Ph.D.
Assistant to Commissioner (Radiological Health)	Gerald S. Parker, M.S.
Division of Medical Care and Program Planning	David R. Kinloch, M.D., D.P.H., Director

BUREAU OF ADMINISTRATION

Division of Administration	William R. Benson, Director
Division of Health Education	Marie F. Gately, M.Ed., M.P.H., Director
Division of Public Health Research, Development, and Professional Training	(Vacancy), Director

BUREAU OF CHRONIC DISEASE CONTROL

Division of Adult Health	Myer Herman, M.D., D.P.H., Director
Division of Alcoholism	Edward Blacker, Ph.D., Director of Alcoholism Program
Division of Communicable Diseases	Nicholas J. Fiumara, M.D., M.P.H., Director
Division of Dental Health	William D. Wellock, D.M.D., M.P.H., Director
Division of Nursing Homes and Related Facilities	Irene R. McManus, A.B., M.P.H., Administrator
Lemuel Shattuck Hospital	Harry T. Phillips, M.D., M.P.H., Superintendent

BUREAU OF CONSUMER PRODUCTS PROTECTION

Division of Food and Drugs

George A. Michael, B.S.,
Director and Deputy Commissioner

BUREAU OF ENVIRONMENTAL SANITATION

Division of Sanitary Engineering

John C. Collins, M.S., Director

BUREAU OF HEALTH SERVICES

Division of Local Health Services

Leon Sternfeld, M.D., M.P.H.,
Director and Deputy Commissioner

Regional Health Offices

Southeastern Region
Lakeville Hospital
Lakeville

Benjamin Sachs, M.D., M.P.H.,
Regional Health Director

Northeastern Region
Tewksbury Hospital
Tewksbury

Frederick A. Dunham, M.D., M.P.H.,
Regional Health Director

Central District
Rutland Heights Hospital
Rutland

Gilbert D. Joly, B.S.,
Acting District Health Officer

Western Region
University of Massachusetts
Amherst

Jerome S. Peterson, M.D.,
Regional Health Director

and
246 North Street, Pittsfield

Division of Maternal and Child
Health Services

M. Grace Hussey, M.D., M.P.H.,
Director

BUREAU OF HOSPITAL FACILITIES

Division of Hospital Facilities

A. Daniel Rubenstein, M.D., M.P.H.,
Director and Deputy Commissioner

BUREAU OF INSTITUTE OF LABORATORIES
Geoffrey Edsall, M.D., Superintendent

Division of Biologic Laboratories

Morton A. Madoff, M.D., Director

Division of Diagnostic Laboratories

Kenneth F. Girard, Ph.D., Acting Director

BUREAU OF TUBERCULOSIS AND INSTITUTIONS

Division of Sanatoria and
Tuberculosis Control

Leon Sternfeld, M.D., M.P.H., Acting
Director

Hospitals

Lakeville Hospital	George L. Parker, M.D.	Superintendent
Massachusetts Hospital School	William P. McHugh, M.D., M.P.H.	Superintendent
Pondville Hospital	Henry W. Kolbe, M.D.	Superintendent
Rutland Heights Hospital	Endre K. Brunner, M.D.	Superintendent
Tewksbury Hospital	Thomas J. Saunders, B.A.	Superintendent
Western Massachusetts Hospital	I. Herbert Scheffer, M.D.	Superintendent

ANNUAL REPORT OF PUBLIC HEALTH COUNCIL

Alfred L. Frechette, M.D., M.P.H., Chairman

Submitted herewith is the annual report of the Public Health Council for the fiscal year ending June 30, 1969.

Meetings

Regular monthly meetings were held in accordance with General Laws, Chapter 17, Section 3. In compliance with General Laws, Chapter 30A, Section 11A, notices of all meetings of the Council were filed with the Executive Office for Administration and Finance and with the Secretary of State.

Two special meetings of the Public Health Council were held. On August 22, 1968 representatives of the Boston Department of Health and Hospitals met with the Council to discuss their hospital building program and deficiencies in several buildings of the Boston City Hospital complex. On January 23, 1969 representatives of the Harvard Community Health Plan, Inc., met with the Public Health Council to discuss the purposes of the Plan.

It was necessary to continue the regular February meeting of the Public Health Council due to a severe snow storm. A second storm at the time the continued meeting was scheduled made it impossible for a majority of the members to attend. The February meeting was finally held in conjunction with the regularly scheduled March meeting.

The April 8, 1969 meeting of the Public Health Council was held at Tewksbury Hospital, affording the members an opportunity to view the operation of the hospital and inspect the new 400-bed building. It was hoped that additional meetings could be held at the various Department hospitals and/or Regional Offices but due to the large number of public hearings this was not possible.

General Duties

The regular duties imposed upon the Council by General Laws, Chapter 111, Section 3, and other statutes have been carried out. These include the approval and licensing of hospitals, blood banks, convalescent and nursing homes, rest homes, public medical institutions, city and town infirmaries, dispensaries and dental clinics, day care centers, and medical schools and laboratories desiring to obtain impounded animals for scientific investigation, experiment or instruction. These approvals are based upon reports of inspections by members of the Department staff who ascertain if the facilities comply with the Department's standards for licensure.

Other duties included the certification of laboratories which have taken part in the annual evaluation and have demonstrated their ability to perform satisfactorily certain tests relative to clinical

diagnostic procedures and environmental sanitation procedures; approval of personnel in the Department, including hospitals; approval of professional personnel at county and municipal sanatoria which contract with the Department for the care of tuberculosis patients; approval of food regulations and air pollution control regulations of local communities; advice to communities and official agencies relative to sanitary problems of water supply, sewage disposal and nuisances.

Agreements were approved and signed between the Commonwealth, through the Department of Public Health, and the following:

- Massachusetts Association for Retarded Children relative to reimbursing the Association in connection with a cooperative program relating to prevention of lead poisoning.
- City of Cambridge relative to providing more effective delivery of child health services to the total metropolitan area of Cambridge through extension of out-patient clinics into the three Cambridge neighborhoods.
- Beth Israel Hospital relative to providing financial support to a follow-up study of low birthweight premature infants.
- Children's Hospital Medical Center relative to providing financial assistance for a pilot study in several Boston hospitals concerning the developing and carrying out of a screening program for newborns for early diagnosis of cystic fibrosis.
- Trustees of the Boston Department of Health and Hospitals relative to provision of professional personnel to participate in a plan for the development of improved services to children at high risk.
- Abt Associates, Cambridge, relative to the processing of vital event data for the calendar years 1966 and 1967.
- Massachusetts Chapter, American Academy of Pediatrics relative to provision of financial support of a one-day symposium on The Pediatrician and Mental Health Services to Children.
- Children's Hospital Medical Center relative to payment of a supervisor of physical therapy in Services for Crippled Children.
- Trustees of the Boston Department of Health and Hospitals relative to a preschool vision screening program.
- Boston University relative to reimbursement to the University for speakers, lecturers, and consultants at a Cerebral Palsy Institute.
- North Shore Children's Hospital relative to securing the services of a nurse and a social worker for the Salem Cardiac Clinic.

New contracts for the care and treatment of persons with tuberculosis were approved and signed by the Department of Public Health and Mattapan Chronic Disease Hospital, Middlesex County Sanatorium, Norfolk County Hospital, and Worcester County Hospital. These contracts were approved for the period January 1, 1969 through December 31, 1969, with the exception of Worcester County Hospital which contract expired on June 30, 1969.

Department Organization and Personnel

Due to the number of new programs and expansion of many of the programs of long-standing, the operation of the Department had become

cumbersome and at times inefficient. In November 1968 a new Deputy Commissioner of Public Health was appointed and, in view of the above problem, the Commissioner requested that the Deputy give consideration to plans for a reorganization. On April 8, 1969 a proposed reorganization was presented to the Public Health Council and was approved. New Divisions and Offices were established to which each of the Department programs will be assigned. The Divisions and Offices, with directors where appointed, are as follows:

Division of Environmental Health	- John C. Collins
Division of Food and Drugs	- George A. Michael
Division of Medical Care	- David R. Kinloch, M.D.
Division of Family Health Services	- Dorothy J. Worth, M.D.
Division of Community Operations	- Leon Sternfeld, M.D.
Division of Patient Care Operations	- Henry W. Kolbe, M.D. (Acting)
Institute of Laboratories	- Geoffrey Edsall, M.D.
Division of Staff Services	
Office of Health Research	- Leslie Lipworth, M.D.
Office of Health Education	- Mrs. Marie F. Gately
Office of Planning	- James J. Callahan, Ph.D.
Office of Manpower Development and Training	-
Office of Legal Affairs	- Robert F. Troy
Office of Administration	- William R. Benson

As of June 30, 1969 the Department was in the process of reorganization. However, the Department will not be completely reorganized and operating under the new structure until passage of the 1971 Budget Appropriation.

Public Health Council

Mr. Ralph E. Sirianni's appointment to the Council expired on May 1, 1969. On June 30, 1969 no reappointment or new appointment had been made and the membership of the Public Health Council was as follows:

Alfred L. Frechette, M.D., M.P.H., Chairman	
Ralph E. Sirianni	1963-1969
John H. Knowles, M.D.	1964-1970
Samuel Kovner	1965-1971
John P. Rattigan, M.D.	1966-1972
Benjamin M. Banks, M.D.	1967-1973
Bernard B. Berger, B.S., M.S.	1968-1974

Public Hearings

During the fiscal year ⁶ the Public Health Council conducted six public hearings relative to the licensure of nursing or rest homes. The Council also conducted ten informal hearings relative to the following: licensure of Quaboag Nursing Home, Inc., West Brookfield; rental of space at Mediacenter/Boston Convalescent Home to Boston University School of Medicine; contract with Worcester County Commissioners relative to care and treatment of tuberculosis patients at Worcester County Hospital; transfer of administrative operation of Brooks Hospital by Lahey Clinic Foundation; two hearings relative to New England Rehabilitation and Convalescent Center; two hearings relative to appointment of a Steward at

Tewksbury Hospital; assignment of town-owned land as a dumping ground by the town of Arlington; and proposed nursing home in Marlboro.

Under authority of General Laws, Chapter 111, Section 3, hearings were conducted by the Director of Environmental Health, the Director of Food and Drugs, the Director of Hospital Facilities, and the Administrator of Nursing Homes and Related Facilities. These hearings concerned matters related to the operation of the particular Division and the amendment and/or adoption of certain rules and regulations. In addition, approximately forty-six hearings were held by the Hearings Officer relative to the licensing of nursing, convalescent and rest homes.

The information presented at hearings held by Division Directors and the Hearings Officer was submitted to subsequent meetings of the Public Health Council for action.

Regulations

Following public hearings held in accordance with the State Administrative Procedure Act, new regulations were adopted and existing regulations amended as follows:

Article VI, Sanitary Code	
"Minimum Standards for Swimming Pools"	Amended
Article VII, Sanitary Code	
"Minimum Standards for Bathing Beaches"	
Article I, Sanitary Code	
"General Application and Administration"	Amended
Rules and Regulations Relative to Slaughtering	
Rules and Regulations Relative to Retail Food Establishments	Amended

Hospital Survey and Construction

Approval was given to applications from the following medical care facilities for financial assistance from Federal funds allotted to the Commonwealth under the Hospital and Medical Facilities Survey and Construction Act. In some instances these represent additional grants given because of increased cost of construction as evidenced by bids received or because it was found on further investigation that the facility was eligible for additional funds as a percentage of its construction costs:

Lawrence Memorial Hospital, Medford	\$ 29,418.
Cape End Manor, Provincetown	40,800.
Pondville Hospital, Walpole	400,000.
Boston City Hospital, Boston	100,960.
St. Elizabeth's Hospital, Brighton	174,175.
Hyams Laboratory, Boston	400,000.
New England Medical Center Hospitals, Boston	900,000.
Massachusetts Eye & Ear Infirmary, Boston	900,000.
Beverly Hospital, Beverly	400,000.
Lawrence General Hospital, Lawrence	450,000.
Bon Secours Hospital, Methuen	450,000.
Somerville Hospital, Somerville	343,800.
Leominster Hospital, Leominster	450,000.
Addison Gilbert Hospital, Gloucester	450,000.

Parker Hill Medical Center, Boston	400,000.
St. Margaret's Hospital, Boston	206,488.
Salem Hospital, Salem	450,000.
Wing Memorial Hospital, Palmer	400,000.
Jordan Hospital, Plymouth	450,000.
Choate Memorial Hospital, Woburn	400,000.
Springfield Hospital, Springfield	184,380.
Jewish Rehabilitation Center, Lynn	350,000.
Marist Hill Nursing Home, Waltham	181,032.
Goddard Memorial Hospital, Stoughton	350,000.
Lutheran Nursing Home, Brockton	350,000.
Union Mission Nursing Home, Haverhill	350,000.
Protectory of Mary Immaculate, Lawrence	350,000.

A number of other project applications were approved by the Public Health Council in the event that any of the above approved projects were unable to proceed with their plans by June of 1969. There were no applications withdrawn for this reason.

Acceptance of Report

At a meeting of the Department on November 18, 1969 the Commissioner presented to the Council a report of the Department of Public Health for fiscal year 1969, and it was voted that the report, together with the foregoing brief summary of the activities of the Public Health Council, be approved and adopted as the report of the Department of Public Health for the fiscal year 1969.

FIFTY-FIFTH ANNUAL REPORT OF THE COMMISSIONER OF PUBLIC HEALTH

To the Public Health Council:

Gentlemen:

I have the honor to submit the fifty-fifth annual report of the Department of Public Health for the fiscal year ending June 30, 1969.

BUREAU OF ADMINISTRATION

The Commissioner, in addition to being the executive and administrative head of the Department, maintains continuing liaison with the Executive Department, the Legislature, the voluntary health agencies and local community health agencies. Regular monthly conferences were held with key personnel in order to keep fully informed of the various activities being carried on throughout the Department and to assist in formulating Department policies and programs. In the establishment of policy and in making formal and legal decisions of the Department, the Commissioner and the Public Health Council acted jointly.

As reported in the Fifty-Fourth Annual Report, the Department, as structured, had found it increasingly difficult to carry out the numerous new or expanded programs supported by Federal funds and the new programs provided through legislation. In September 1968 the recently established position of Deputy Commissioner of Public Health was filled and the new appointee was charged with the responsibility of preparing a proposed reorganization of the Department's functions. On April 8, 1969 the proposed reorganization was presented to the Public Health Council and approved. A brief description of the new organization is included in the Annual Report of the Public Health Council which appears on page 5 of the Department's Annual Report.

Inasmuch as the reorganization was not approved until April of this fiscal year and will not be fully operational until the 1971 budget is passed, this Annual Report has been set up under the former structure. However, several of the newly established or reorganized units were functioning as of June 30, 1969 and, in order that their accomplishments might be recorded, are included in this section of the Report.

Another problem facing the Department of Public Health was the lack of adequate space in the State House. It had been expected that all offices of the Department located in the State House would move to new quarters by December 1968. As of June 30, 1969 several of the Divisions had relocated at 600 Washington Street, Boston, and it is expected that remaining Divisions and Offices will move to the same location by the end of August 1969. In accordance with the new organization, a number of the Divisions of the Department previously located outside of the State House (Lemuel Shattuck Hospital, Boylston Street, Ashburton Place and Broad Street) will be relocated either at 600 Washington Street or 80 Boylston Street when additional space is available.

The Twenty-second Assembly of the World Health Organization will open officially at the War Memorial Auditorium, Boston on July 8, 1969. The staff of the Department has been actively involved in assisting the World Health Organization in recruitment of personnel, arrangements for transportation, production equipment and supplies. The Department's Centennial Celebration is scheduled for the evening of July 11, 1969, and over three thousand invitations have been sent out. As part of the Celebration, ten awards for distinguished service in the field of public health will be presented. The recipients have been chosen from all areas of the world. Special events such as concerts, receptions, shopping and sightseeing tours, as well as special information booths at the Assembly have been arranged. Also, as part of the Celebration and in conjunction with the Assembly, a special meeting of the Association of State and Territorial Health Officers will be held on July 10, 1969. Meetings and visits to medical facilities and health centers will be held during the day and in the evening the group will be entertained at the Massachusetts Hospital School in Canton.

In addition to her regular duties, the Administrative and Legal Assistant to the Commissioner has undertaken the responsibility of representing the Department in matters of collective bargaining. Thirty collective bargaining units have been established and three contracts have been negotiated. Petitions are outstanding for new unit determinations and additional contract negotiations and items reopened. Grievances have been mediated.

The Assistant to the Commissioner (Radiological Health) has coordinated the programs that are being carried out in the medical, dental, environmental, and milk and food fields of radiological health. The Assistant to the Commissioner (Radiological Health) also coordinates the Commonwealth's programs in the control of hazards from non-ionizing radiation from electronic products such as lasers and microwaves. He also serves as the liaison between the Commonwealth and the Atomic Energy Commission regarding all matters involving nuclear power plants.

Boards and Commissions

Under various statutes the Commissioner of Public Health is ex officio a member of numerous boards and commissions, including the Health and Welfare Commission, Advisory Council on Home and Family, Commission on Aging, Rehabilitation Commission, Advisory Council on Alcoholism, Milk Regulation Board, Water Resources Commission, New England Interstate Water Pollution Control Commission, Advisory Council on Hospital Licensing, Surveys and Construction Planning, Approving Authority for Colleges and Medical Schools, Approving Authority for School for Training of X-ray Technicians, Inter-agency Council on Mental Retardation, Drug Addiction Rehabilitation Board, Advisory Council on Planning, Construction, Operation or Utilization of Facilities for the Mentally Retarded, Urban and Industrial Renewal Advisory Council, Weather Amendment Board, Pesticide Board, Board Regulating Installation of Gas Piping and Gas Appliances in Buildings, Board of Trustees of the University of Massachusetts, and Special Legislative Commissions as established.

The Commissioner personally attended as many meetings as possible and designated appropriate staff members to attend others, so that the

Department was represented at all meetings of these boards and commissions.

Medical Panels

General Laws, Chapter 32, Section 6, authorizes the Commissioner of Public Health to appoint chairmen of medical panels to review applications from and examine State and municipal employees applying for disability retirement. The chairman of each panel, insofar as is possible, must be a physician skilled in the particular branch of medicine or surgery upon which the application for disability retirement is based. The other two members of the panel are selected by the applicant and the local retirement authority.

New applications for disability retirement during fiscal year 1969 numbered 652. Because of inability of one or more panel members to fulfill their obligation, 123 of these applications had to be processed twice, 37 were processed three times, fifteen were processed four times, eight were processed five times, two were processed six times, and one application was processed seven times before a medical panel was obtained.

Under General Laws, Chapter 32, Section 89, widows of fire-fighters, police officers and certain other employees whose work involves considerable risk may apply for an annuity. In such cases the Department designates the third member of a board appointed to determine whether or not the death of said employee was the result of an injury received in the performance of his duty. Annually about fifty such applications are received and processed. One application was disapproved.

Rating Board

The State Police Rating Board, under General Laws, Chapter 32, Section 26, interviewed five officers who had applied for retirement because of injury received in line of duty. After examination of the applicant's and review of their records, the Board recommended approval of four applications.

Drug Addiction Rehabilitation Board

The Massachusetts Drug Addiction Rehabilitation Board is responsible for conducting an intensive-care rehabilitation program for persons in Massachusetts with a problem relating to drug dependency or abuse. The average patient receives treatment for a period of six months or longer. Short term treatment and/or counselling is also available to individuals through a program of out-patient clinical services.

Treatment units under contract to the Board are the Department of Health and Hospitals, City of Boston; Boston State Hospital; Massachusetts Correctional Institution at Bridgewater; Massachusetts Correctional Institution at Framingham; New Bedford Area Mental Health Clinic, Inc., and the Dependency Clinic, St. Anne's Hospital, Fall River. Over 1800 persons were treated at these facilities during the 1968-69 fiscal year.

Additional treatment facilities are to be located in Springfield, Pittsfield and Northampton. The out-patient clinic at Pittsfield

will be conducted by the Berkshire Mental Health Association effective October first. Northampton State Hospital will open a 20-bed intensive care ward for addicts shortly. Springfield Medical Center plans to open an out-patient treatment clinic on October first.

The Department of Health and Hospitals, City of Boston, is expanding present patient facilities located at 20 Whittier Street, Roxbury, and 79 Paris Street, East Boston, to include an evening clinic with hours from 5:30 p.m. to 8:30 p.m. at the Boston City Hospital. During September a 20-bed ward becomes functional at the River Street Mattapan Chronic Disease Hospital, formerly known as the Boston Tuberculosis Sanatorium.

The Boston City Hospital conducts an ongoing training program for the Harvard Medical School interns in psychiatry. Boston State Hospital and the Massachusetts Correctional Institution, Bridgewater, accept court commitments and voluntary admissions. The intensive care unit at Massachusetts Correctional Institution, Framingham, has a 20-bed treatment ward for females that is fully occupied at present.

The greatest proportion of patients requiring treatment (42%) are in the 20-24 year age group. Of those receiving treatment, 45% have not completed high school, while 25% have had some college or advanced training. Further studies throughout the Commonwealth indicate that since 1964 the average age of the drug abuser has dropped from 32 to 22.

Health Statistics

In January 1969 the Office of Health Research was established which combined the Health Statistics Section of the Department with the Statistical Unit of the Bureau of Chronic Disease Control. The activities of the Statistical Unit, which until 1966 had been known as the Massachusetts Cancer Registry, and the Health Statistics Section were continued by the Office of Health Research, and at the same time several further activities could be undertaken as a result of the economies of labor achieved by joining the two sections.

The Office of Health Research has responsibility for the registration of cancer patients; the publication of Public Document No. 1 which provides information annually on births, deaths, marriages and divorces; the development of a New England Regional Center for Health Statistics to economize on expertise, labor and computer costs; provision of statistical consultation, demographic and health statistical information to other state agencies and research workers; and the carrying out of certain studies within the Department.

The Office of Health Research is attempting to integrate the data processing activities of the Department. This would lead to savings in cost, personnel and expertise and a coordinated drive toward better methodology.

Registration of all cancer patients resident in the cities of Boston, Newton, Wellesley, Brookline, Needham, Dedham, Milton and Quincy was conducted to detect high-risk groups.

Survival of cancer patients after treatment by individual hospitals was studied to evaluate therapy and to improve standards of

patient care. The first study comparing survival of cancer patients from different socioeconomic areas has been submitted for publication.

International study of severe liver disease, conducted with noted gastroenterologists, has produced one publication in the New England Journal on the danger of multiple halothane anesthetics.

The objective of the Office of Health Research is to investigate health problems in the communities by population surveys in order to study morbidity, and utilization of health delivery system, etc.

Hearing Officer

Under Massachusetts General Laws, Chapter 17, Section 6B, enacted September 9, 1966, the Hearing Officer is empowered to hold hearings provided in the public health chapter (c.111).

Forty-six hearings were held where the Bureau of Health Care Facilities sought revocation of a license or denial of an application for a license to operate a nursing home, rest home, or town infirmary. On the average, seven months elapse from the sending of the hearing notice to the time of licensure, closure by the Department, or passage of the matter into the courts. Forty-one hearings have been scheduled through the end of this year concerning nursing homes and related facilities which the Department is attempting to close.

Massachusetts General Laws, Chapter 155, Section 2B, requires an investigation by the Department of applicants for incorporation where the corporation would have the power to operate an institution licensed by the Department. This investigation is followed by a hearing, which the hearing officer has conducted since December 1968. Because no funds have been available for the required investigation, the hearings have been largely pro forma affairs, with the question of need for the proposed additional beds usually determining whether or not the application is approved.

The hearing officer may perform other duties in addition to conducting hearings. These include assistance in drafting of proposed regulations for the licensure of charitable homes for the aged; analysis of the legal status of new nursing home projects; and preparation for the Department of a bill to license nursing home administrators.

The two-hearing requirement for nursing homes and related facilities is a cumbersome and time consuming process. It can be somewhat simplified beyond the procedure presently in effect, and the hearing officer will submit to the Public Health Council a proposal for such changes.

Because the standards for establishing rates of public payments to homes do not take into account the quality of care the homes offer, the Department is deprived of its most effective tool in enforcing its standards. In the interest of a more flexible enforcement of required standards the hearing officer has been and will continue to study supplementary legal methods of enforcement, including the imposition of civil monetary forfeitures and temporary reduction of quotas.

The hearing officer will also submit proposals for changes in the nursing and rest home regulations based upon experience with the current regulations.

In addition to projects arising from hearings respecting nursing homes and related facilities, the hearing officer plans to submit to the Public Health Council a draft of departmental rules for adjudicatory proceedings.

Massachusetts Committee on Children and Youth

The Massachusetts Committee on Children and Youth is a state-wide organization of lay and professional citizens who are concerned with state and community planning, action and legislation in behalf of the children and youth of the Commonwealth and their families. The members have been appointed by the various Governors of the Commonwealth since the Committee was first formed, at the request of the President of the United States, in 1959. The primary purposes are to increase the effectiveness of the public and private health, environmental, educational and social programs for children, and to develop new methods and techniques by which they may be improved.

Considerable time and attention have been devoted to study and analysis of the problem of funding the Medical Assistance Program in Massachusetts. Interpretive summaries have been prepared and widely distributed to other individuals, agencies and organizations for their consideration and use.

The Committee's consultant in maternal and child health reviewed all legislation introduced in the General Court relating to maternal and child health, and has served as a member of a task force established by the Department and the Governor's Advisory Council to draft standards for the hospital care of newly-born infants under the Medical Assistance Program.

In the spring of 1968 the Massachusetts Committee on Children and Youth was asked by the Department to review the day care licensing project in the Commonwealth and make recommendations which would provide an imaginative approach to a total plan for an effective licensing program. Accordingly a project application for a Day Care Licensing Project was submitted to the Division of Maternal and Child Health Services of the Department outlining a project to be conducted in two phases -- exploratory and operational. The exploratory phase was a concentrated short endeavor to determine the current state of the day care licensing program and to point up some of the problems. The operational phase addressed itself to the preparation of standards for licensing of the several types of day care facilities that comprise adequate community day care programs.

The objectives of the project are to propose standards for day care licensing which will protect children at risk and strengthen the life of their families, and to offer bases for negotiating between departments concerned in day care services to effect a sound licensing program in the Commonwealth. It is hoped that these standards will be transposed into official rules and regulations by the licensing authority to form the basis for licensing day care facilities in the Commonwealth.

During the past four years a series of studies have been made of the work of the Massachusetts Division of Youth Service. The United States Children's Bureau conducted a full study of the agency and the Governor requested the Committee to recommend steps to correct existing weaknesses. The facts and recommendations were reviewed and specific suggestions made for changes in the organization and program of the agency. Legislation which will bring about the much needed improvement is now awaiting the Governor's signature.

Plans to produce a State Policy Manual on Adoption with standards for adoption agencies, uniform adoption documents, instruments and procedures are moving forward.

The Committee is making preparations for the 1970 President's White House Conference on Children and Youth.

Massachusetts Health Research Institute, Inc.

The purpose of the Massachusetts Health Research Institute is (1) to assist in developing ideas for studies, research and demonstration projects which promote the objectives of the Department, (2) to encourage financial support (grants, contracts or contributions) for these proposals, (3) to administer the funds received, (4) to conduct the projects.

During the fiscal year six projects were initiated. Two of these were "Clinical Laboratory Evaluation and Improvement in Massachusetts" and "A Pilot Study for Processing Multiple Reporting of Multifactor Birth Certificates." Twelve projects were terminated, leaving a balance of 22 active projects at year end. For example, these are training programs for medical and paramedical personnel, as well as for "hard core" unemployed, a pesticide monitoring study, a program for collection of data on cancer patients for end results evaluation, a chronic dialysis unit, and a state-wide program for public health and medical consultation to Project Headstart.

In addition to managing the on-going projects, the goal this year has been to improve the internal administrative systems. Considering the increase in the total employed, efforts were just directed to improving the payroll system. The procurement of automated payroll services from a local bank has facilitated processing of payroll and related documents.

A new chart of accounts is being developed. The application of these accounts will make pertinent information readily available and more meaningful. This application will permit the issuance of financial reports which reflect a more realistic picture of budgetary activity that will enable project directors to manage more effectively.

The existing personnel system is adequate; however, in light of the Institute's growth, policies and fringe benefits are being more clearly defined and records standardized.

The aforementioned activities are in various stages of implementation and will require additional effort. It is planned, however, to have these internal changes completed by December 31, 1969.

The Institute's goal for the coming year is to improve upon the significant role of coordinating with Departmental personnel in the development, implementation and evaluation of research proposals which will enhance the activities and objectives of the Department.

Training Center for Comprehensive Care

The Training Center for Comprehensive Care was established to develop short-term training programs for professional health personnel with emphasis on out-of-hospital care. Since its inception the purpose of the Training Center has broadened to include the training of non-professionals as well as professionals. The emphasis of the non-professional training is not necessarily on out-of-hospital care, but rather on helping to meet the manpower needs by training the poor for jobs in health, as well as making the system less rigid in regard to mobility.

The Training Center has conducted training for new health workers recruited from among the disadvantaged, trained trainers from this group, as well as offered courses for physicians, medical office assistants, and relatives of patients in an effort to provide more health manpower, help promote better medical care, and offer job mobility within the system. One hundred and twenty-seven individuals were involved in this program: a postgraduate course for physicians was offered in "Management of the Patient Out of the Hospital" and a course was conducted for the relatives of stroke victims.

The Center has developed and conducted a survey of health training presently available in the New England area.

Activities will continue, with the eventual goal of developing, in cooperation with major employers, a common job description and curriculum for neighborhood health workers. Work will also continue toward uniform accreditation of programs in the junior colleges and better communication among all members of the health team.

Division of Family Health Services

Maternity and Infant Care Project Children and Youth Projects

The second year of the Boston Maternity and Infant Care Project and related Children and Youth Projects has been characterized by consolidation of the extraordinary gains made during its first year, as well as orderly growth and coordination of Project efforts at several levels. More emphasis has been placed on expansion, efficiency and evaluation. Most units have expanded their services to include active dental, psychiatric and out-reach programs and several have had to transfer their enlarging services to new, more attractive and functional settings. As Project personnel gained experience in their respective disciplines and programs, they became more effective in responding to patient needs and more efficient in handling day-to-day administrative tasks including patient registration, data collection and fiscal management. Many of the latter jobs have been delegated to competent lay administrators and their associates to free professional time for patient care and community services.

Evaluation studies of the Maternity and Infant Care Project have been undertaken by the Mitre Corporation and the Harvard Center for Community Health and Medical Care. The first report is a critique of the allocation of financial and manpower resources by the five operating units and contains a description of a personnel budgeting model applicable to program planning. The second part, still in draft form, provides an initial assessment of the impact of the Project in terms of numbers served and the effect on the health levels of the population served.

In early October 1968 the Project Director became Director of Family Health Services in the Department of Public Health. A Coordinator was named to replace the Project Director. The title of Coordinator was chosen in order to emphasize the importance of coordination to a project so intimately allied with key components of Boston's health service complex. These components include six teaching hospitals, each affiliated with at least one of the three medical schools; two public health nursing agencies, one voluntary, one official; scores of community groups, as well as Federal, State and local health and welfare agencies.

Coordination has been attempted and achieved to a greater or lesser degree on three levels. At the unit level, Maternal and Infant and Children and Youth Programs within the same hospital unit have been encouraged to work together in program planning and development in order to provide a coordinated, comprehensive, family-centered service within the limits set by Children's Bureau funding. At the Project level, the central office staff has assumed the role of coordinator between the several units in order to provide the broadest spectrum of health services to mothers and children living in Project areas without duplicating services. At the municipal level, the central office tried this year to coordinate overall Project objectives with those of other Federally sponsored programs, such as Office of Economic Opportunity Health Centers and Model Cities Program, and local health services such as the well-child conferences and dental program sponsored by the Boston Department of Health and Hospitals.

All fiscal and reporting activities are now centralized and coordinated in this unit in an attempt to make these vital functions more efficient and less burdensome to the professional staff.

This year was marked by a general increase in dental services provided to Project patients. However, the dental components of the various units are still unable to provide basic dental care for all the patients enrolled in the Projects.

During this year, social service in the central office concentrated on three areas of concern: the growing number of adolescent unwed mothers, the patients who do not receive prenatal care, and the need for homemaker services. The plight of the unwed mother, many of whom need and want intensive social rehabilitation, is of increasing concern to the social service staff. These girls frequently come from multi-problem families. All agencies in the community which are now involved in some way with this group of patients feel that the Maternity and Infant Care Project is the natural base for the development of such a comprehensive program and have expressed interest in lending their support to the

Project in coordinating and developing the necessary services. At this time a plan is being drafted to create an adolescent unit in one of the satellite clinics of the Boston Department of Health and Hospitals.

During the second year of operation the nutrition component continued its family-centered approach. The core of the program in the Maternal and Infant Care Project includes a nutritional assessment of each patient enrolled for prenatal care and the development of a treatment plan based on the findings of this initial interview. Most patients without serious nutrition-related problems are seen two or three times during their pregnancy. Individuals with particular nutrition problems are seen as often as necessary. Problems in budgeting, home management and related areas are also discussed with the patient. During the postpartum period patients are seen on referral from the physicians or other health personnel. At present this is limited largely to patients with weight problems or problems in home management. It is felt that referrals in this area should be increased.

A new program to bring nutrition and diet-related information to the community under the sponsorship of the nutrition section of the greater Boston Chapter of the Heart Association is currently getting underway at Freedom Foods. One major goal of the nutrition staff has been to encourage patients to participate in the various food distribution programs. This has met with success and has allowed families to purchase additional foods with the savings accumulated through the use of donated staples. Much effort has also been devoted to instituting the Donated Food Program for High Risk Health Groups. It is felt that trainees in public health nutrition should be included in the nutrition program in the future. These are girls who have completed an internship and would like some practical experience in public health before going on to graduate school.

The community health action component of central office activities described in the original Maternity and Infant Care Project has not been implemented. A lack of funds and a growing awareness that out-reach programs could be developed more realistically and operated more effectively at the unit level have caused the central office to reduce its effort in this area to the provision of technical advice to the staff in the units and community groups. Each unit has its own out-reach needs and each has designed programs to meet these needs.

Division of Maternal and Child Health Services

The Division of Maternal and Child Health Services has an extensive responsibility for furnishing leadership in the development, guidance and delivery of improved health services to mothers and children of Massachusetts. Objectives may be briefly stated as 'extend,' 'improve' and 'demonstrate' with the methods of achieving them being as variable as the many agencies conducting service programs in Massachusetts.

The Committee on Maternal Welfare is co-sponsored by the Massachusetts Medical Society and the Division of Maternal and Child Health Services. Thirty-seven deaths were reviewed this year. It is notable that no patient died this year of toxemia. It is anticipated that continuing emphasis on the need for transfusion will persuade hospitals

without blood banks to close their maternity services with a resulting reduction in deaths from this cause while intensified observance of antimicrobial precautions should spare a few innocent women from septic deaths. A pilot course in neonatology was developed, designed for physician-nurse teams from hospital newborn nursery services.

Pediatric and public health team consultations to Head Start Programs were focused on forty-one summer programs and twenty-three year round programs involving approximately eleven thousand pre-school children. There has been measurable movement toward the goal of providing more adequate and accessible total health services (medical, dental and psychological).

Three factors appear outstanding in the Day Care licensing program: 1) the favoring climate change in support of day care at the Federal, State and local levels is gratifying; 2) the more complete staffing of our day care program is allowing for coordinated effort and a multidisciplinary approach in the implementation of licensing standards; 3) licensing is regarded as a preventive health service for more than thirty thousand young children.

In the area of school health, the Division cooperated with the Massachusetts School Physicians Association in planning the annual course for school physicians. The Pediatric Nursing Consultant worked with local and State staff to provide diversified on-going educational programs for nurses.

A large number of hard of hearing and deaf children received hearing aids purchased in conjunction with evaluations carried out by approved cooperating agencies. The rehabilitation centers for pre-school hard of hearing and deaf children continue to operate at or near capacity. Professional and parental reaction to the therapies undertaken in these centers has been excellent. Many visits were made to communities throughout the Commonwealth for the purpose of training, instructing and counselling local vision and hearing personnel.

During the fiscal year 5378 crippled children received care. This includes orthopedic, plastic, cardiac, chronic disease and seizure cases.

The Commonwealth of Massachusetts continues to serve more children with cystic fibrosis than any other State Crippled Children's Program. Two new clinics were established this year. The first program in the United States to screen infants for cystic fibrosis was undertaken in cooperation with the Boston hospitals.

A pilot program directed at case finding in a 'lead belt' area of Metropolitan Boston was undertaken with several other groups. Results revealed a high incidence of lead in 13.4% of the children in the study population.

Assistance was provided in planning and financing a study of 1000 adolescent children with congenital heart disease. Co-sponsored by Children's Hospital, it was geared to assessment of the health and future employment potential of these children.

During the coming year the Division plans to establish Regional Centers for the care of well high risk premature infants, plus centers for infants with complications due to immaturity; in addition to continuing courses in neonatology, an in-hospital training program for professional personnel and on-the-spot consultation services to community hospital personnel are planned; legislation to upgrade community hospital facilities for premature infants and encourage establishment of community follow-up services will be introduced; the development of a licensing and consultation service which will protect infants and children under three years of age while separated from their parents; statistical studies geared to enrichment of basic population data and expansion of maternal and child health activities.

Division of Health Education

The Division of Health Education provides service functions to Department units as well as acting as communication liaison to the community. The numerous and diversified programs of the Department must be brought to the attention of the public who are, directly or indirectly, the recipients. In particular, there are several relatively new direct service programs requiring interpretation if proper utilization is to occur.

The entire year involved continuous activity for the World Health Assembly which was held in the month of July. The Massachusetts Committee engaged in a concentrated fund drive to raise the necessary monies needed to meet the essential expenses not budgeted by the World Health Organization, the Federal, State or local governments. Members of the Division were given responsibility for public relations, hospitality, exhibits, souvenirs, the Centennial program, and awards, as well as general cooperation with staff from the World Health Organization and the State Department.

In keeping with the general atmosphere of planning and re-organization precipitated by Federal legislation, the Department began to actively realign its internal structure. This provided opportunity for each unit to present ideas for projected growth and implementation of programs. In the future the Division of Health Education will be known as the Office of Health Education.

Three regions -- Western, Central and Southeast -- were staffed with health education personnel who were involved in varying and diverse programs. Migrant health was given special emphasis in the Western Region where plans for a Spanish language radio program were developed. The program began in June and continued throughout the summer.

Since the Department has placed a high priority on fluoridation, regional and central office health education staff devoted a major portion of time to working with local communities interested in fluoridating their water supplies. This program involves community organization and intensive educational efforts. The smoking and health program continued with active participation in the inter-agency council.

The Director was appointed a member of the Health Education Curriculum Committee of the Department of Education. This group has the

task of developing a comprehensive health education curriculum guide for kindergarten through grade twelve. The target for completion is two years and will provide the first new guide in over twenty years.

The many Department programs continued to receive frequent coverage by the news media, much of it initiated by the public relations unit. During the year, news stories and features were released and television and radio programs were scheduled.

"This Week in Public Health" was issued 52 times and continues to serve as a valuable means of communication to an ever-increasing readership, now numbering over 3500. A new editorial board was appointed and given the task of making the publication an integral tool for public health communication.

The production services unit of the Division was involved in producing many materials for the Assembly and Centennial in addition to the usual heavy routine production schedule. Since this unit will not immediately be moved along with the rest of the Department, plans had to be formulated to adopt methods to the physical separations of composition and art production from the plate, press and assembly functions.

The visual communication unit was responsible for the conduct of a health exhibit area at the Assembly. In addition, a centennial exhibit for the Department was designed and built.

The film library continues to serve as a source of materials, particularly for educational institutions. Almost 500,000 individuals attended the 1612 showings during the year.

Division of Medical Care

The Division of Medical Care was established in the Office of the Commissioner to coordinate the medical care activities of the many divisions and sections within the Department of Public Health, and to serve as a coordinating agency with other Departments and agencies with medical care interests. In addition to its primary responsibilities under the Medicare program (Title XVIII), the Division has continued to assist the Department of Public Welfare in carrying out its responsibilities under the Medicaid program (Title XIX), mainly in the area of certifying medical facilities and developing standards for all health care facilities.

This year a much closer relationship was established with other Divisions and Sections involved in the Medicare and Medicaid programs resulting in improved licensure and certification inspection procedures. Progress was made in the development of a multidisciplinary team approach to the certification and licensure process, and early in 1970 this concept should become a reality. Progress also has been made in the relationship with the Department of Public Welfare, and much has been done to establish Conditions of Participation for nursing home care and for dental services.

The consolidation of the Nursing Home Division and Bureau of

Hospitals with the Division of Medical Care should result in more efficient use of professional personnel in carrying out inspections and provide for more and better consultation with providers of services to all recipients of medical care; help stimulate the development of resources; provide for better utilization of present health care facilities, and to maintain, standardize and, where necessary, to develop standards for health care facilities and services. At present the Division is working to develop a comprehensive directory of health care facilities in the Commonwealth which should become available in 1970. A survey of patients in nursing homes should be completed in the very near future and provide valuable information which should result in better utilization of these facilities and assure that individuals receive care that is appropriate to their needs in a setting that contributes to their safety, comfort and convenience.

Division of Patient Care Operations

The Division of Patient Care Operations was established in the latter part of 1969 primarily as the successor to the Division of Tuberculosis and Sanatoria. The concept has been widened and it is expected that new goals and objectives will enhance the quality and extent of patient care.

The purpose of the Division is to provide modern health care to patients in the seven State hospitals, and to encourage the participation of the respective State hospitals in area-wide planning for the regions in which they are located. In general, the purpose of each hospital is to provide patient care, education and training, and research.

The activities consisted primarily of organizing the various components of the Division, which includes five sections: Nursing Service, Nursing Education, Divisional Administration, Hospital Budgets, and Engineering and Maintenance.

Meetings with individual Superintendents to discuss the goals of their institutions and to consider how these goals can be met have been conducted.

Rutland Heights Hospital is prepared to operate a comprehensive alcoholism program including in-patient, out-patient and rehabilitation services.

There is urgent need to reorganize the medical staff of the Western Massachusetts Hospital, and efforts will be made to do this as expeditiously as possible. Efforts will also be made to obtain legislative permission for consultants to charge fees for services.

Construction of a new Pondville Hospital with a capacity of 140 beds will commence in August 1969.

The schools for Practical Nurses should be strengthened and expanded. Graduates of these schools are employed in our hospitals and are urgently needed for adequate nursing care. The school at Pondville is in danger of being closed, mainly because of the difficulty in obtaining faculty.

Division of Public Health Research, Development, and Professional Training

This year the title of the Division was changed to the Office of Manpower Development and Training. The primary function of the office is to administrate and conduct training programs for personnel in the Department and those employed in local official and voluntary health agencies. The office is also responsible for the recruitment of personnel.

Two residents have been enrolled this year in the two-year Residency Training Program for Physicians in Public Health.

During the summer of 1968, nineteen medical students and three dental students were enrolled in the Apprenticeship Training Program, which provides an orientation and introduction to public health and to community or social dentistry for first and second year medical and dental students. In the summer of 1969, twelve medical students and seven dental students participated in eighteen projects or programs.

The office continued to participate in planning with the Massachusetts Board of Regional Community Colleges for the education of sanitarians and directors of health. In September 1968 the first courses, which lead to an Associate Arts Degree in Environmental Health Technology, were offered at the North Shore Community College in Beverly. Plans are underway to open the same program at Quinsigamond Community College in Worcester. Additional programs for other sections of the State are under discussion.

The office planned with other agencies and assisted in the administration of training of supervisory and clerical personnel. Courses offered included: Government Fund Accounting, typing, stenography, introduction to the new State budgetary control system, data processing technology, and specialized training for those employed in certain trades.

The office assisted in planning for and setting up five interpretation sessions on the new birth certificate, conducted a short course on statistics and one on computer programming.

A staff member continued to serve as a member of the Governor's Committee on Nurse Utilization. The committee was instrumental in bringing about a more liberal educational leave-of-absence policy. Under the new policy, educational leave at full salary may be granted for a year or at one-half salary for two years. In addition, attendant nurses and waived licensed practical nurses may attend a State licensed practical nurse school on assignment. Licensed practical nurses may attend an Associate Arts Degree Program in one of the Community Colleges to prepare to become registered nurses.

The office continued to counsel individuals in high schools, colleges, graduate school and others regarding requirements for the various health professions, pointing out resources for training, and the types and sources of financial aid available for training.

Plans for the future include courses on the Principles and Design of Incinerators, Rodent Control, and the principles of epidemiology.

Regulations

The following rules and regulations have been promulgated by the Department and are still in effect:

Distribution of biologic products

Adopted 4/9/35; amended 5/14/40; 1/11/49; 12/15/53

Sale of surplus biologic products

Adopted 4/12/49; amended 4/15/53

Use of blood or other tissues for purposes of transfusion

Adopted 1/10/39; amended 4/10/39; 10/7/41; 11/4/41; 9/14/48; 3/11/52; 6/12/56; 7/10/62; 1/12/65; 1/9/68

Cancer clinic and service unit values

Adopted 8/12/26; amended 6/14/27; 3/13/28; 1/5/35; 9/14/43; 10/5/43; 11/1/43; 12/14/43; 4/11/44; 1/14/47; 10/18/55

Diseases dangerous to public health

Adopted 1907; amended 12/15/14; 12/14/15; 2/16/17; 4/3/17; 12/18/17; 10/29/18; 11/18/20; 12/8/21; 9/18/28; 6/11/35; 12/10/35; 11/10/36; 2/14/39; 5/1/41; 5/12/42; 4/14/43; 10/5/43; 12/14/43; 1/11/44; 11/3/48

Diseases declared to be dangerous to the public health and reportable

Adopted 1907; amended 12/15/14; 12/14/15; 2/16/17; 4/3/17; 12/18/17; 10/29/18; 11/18/20; 12/8/21; 9/8/28; 6/11/35; 12/10/35; 11/10/36; 2/14/39; 5/1/41; 5/12/42; 4/14/43; 10/5/43; 12/14/43; 1/11/44; 11/3/48

Isolation and quarantine requirements of diseases declared to be dangerous to public health

Adopted 8/9/38; amended 5/13/41; 1/11/44; 11/3/48; 8/12/52; 8/11/64

Conveyance of bodies dead of diseases dangerous to public health

Adopted 7/12/38; amended 8/9/38; 2/14/39

Funerals of persons dead of any disease dangerous to public health

Adopted 8/9/38; amended 5/13/41; 1/11/44

Procurement of impounded animals from animal pounds for purpose of scientific investigation, experiment or instruction, or for the testing of drugs or medicines

Adopted 12/10/57

Treatment of persons exposed to rabies

Adopted 8/10/37; amended 5/13/41; 12/12/67

Approval of bacteriological and serological laboratories

Adopted 9/12/39

Manufacture and bottling of carbonated non-alcoholic beverages, soda water, mineral and spring water

Adopted 11/12/35; amended 4/7/36

Uncarbonated fruit beverages

Adopted 5/8/56; amended 3/8/66; 5/9/67

Slaughtering and meat inspection

Adopted 7/9/31; amended 12/10/35; 9/14/43

Poultry slaughterhouses

Adopted 9/14/43; amended 8/6/46

Approval of contracts for the production and distribution of certified milk

Adopted 7/14/36; amended 10/14/36

Frozen desserts and ice cream mix

Adopted 9/11/34; amended 5/8/56; 6/9/59; 12/8/59

Bakeries and bakery products

Adopted 2/14/33; amended 1/10/50

Definition of "pasteurized milk"

Adopted 7/8/41; amended 11/4/41; 6/15/50

Establishments for pasteurization of milk

Adopted 2/12/35; amended 6/15/50; 10/20/53; 6/12/56

Addition of vitamins and minerals to milk, nonfat milk, skimmed milk, fortified nonfat milk, and fortified skimmed milk

Adopted 2/13/62

Standards and definitions of purity and quality of food

Adopted 2/9/37; amended 5/8/56; 11/10/64

Dietetic foods

Adopted 5/12/53

Orange juice drink and reconstituted orange juice drink

Adopted 11/10/59; amended 3/8/66; 5/9/67

Cacao products

Adopted 8/13/57

Licensing of hospitals and sanatoria

Adopted 4/14/42; amended 2/9/43; 12/14/43; 3/14/50; 1/12/65; 11/8/66; 12/12/67

Licensing of rest homes

Adopted 11/3/48; amended 12/3/57

Licensing of convalescent or nursing homes

Adopted 11/3/48; amended 12/3/57; 11/8/60; 6/9/64; 8/10/65; 6/14/66; 9/12/67; 10/10/67

Dispensary license

Adopted 1/12/19; amended 5/13/19; 5/10/38; 6/9/64; 12/14/65; 12/13/66

For preventing the pollution and securing the sanitary protection of certain waters used as sources of public water supply

Adopted 10/11/60

Cross connections between public water supplies and fire and industrial water supplies

Adopted 2/9/37; amended 5/12/42; 10/9/51 .

To prevent pollution or contamination of any or all of the lakes, ponds, streams, tidal waters and flats within the Commonwealth or of the tributaries of such tidal waters and flats

Adopted 8/14/45; amended 10/14/45

Supervision of plumbing

Adopted 6/11/35; amended 8/6/40; 1/10/50; 5/8/56

Operation of plants for the purification of shellfish

Adopted 6/5/28; amended 10/7/41

Enrichment of flour, white bread and rolls

Adopted 11/3/48

Establishing grades of milk

Adopted 5/8/35; amended 11/17/48; 6/12/56

Egg nog

Adopted 6/12/56

Flavored milk

Adopted 6/12/56

Fortified nonfat milk, half and half, standardized milk

Adopted 7/10/56

Cottage cheese

Adopted 7/10/56

Mayonnaise, mayonnaise dressing, mayonnaise salad dressing, salad dressing, french dressing

Adopted 7/10/56

Fruit butter, fruit jelly, preserves and jams

Adopted 7/10/56

Sale of rabbits intended for food purposes

Adopted 5/14/29

Manufacture and labelling of articles of bedding and upholstered furniture

Adopted 11/12/35

Cold storage

Adopted 10/10/33

Dental clinic license

Adopted 8/10/43; amended 6/9/64

Standards for tuberculosis hospitals and sanatoria

Adopted 6/14/27; amended 6/5/28; 8/12/32; 1/17/33; 5/10/38; 10/21/48

Police station houses, lock-ups, houses of detention, jails, houses of correction, prisons and reformatories

Adopted 1910; amended 4/8/30; 6/15/48

Subsidy for the hospitalization of the tuberculous

Adopted 5/11/20; amended 6/5/28; 2/14/33; 3/13/34

Minimum requirements for tuberculosis dispensaries are defined by Department of Public Health

Adopted 4/6/15; amended 7/11/16; 11/7/19; 7/14/25; 4/11/33

Active tuberculosis and methods of determining it in certifications made by boards of health and physicians

Adopted 12/11/56

Responsibility of superintendent or director of a tuberculosis hospital

Adopted 5/14/57

Hospitalization of patients with chronic rheumatism

Adopted 5/8/45

Reporting and control of venereal diseases

Adopted 12/18/17; amended 5/12/18; 6/11/18; 3/11/19; 11/12/23; 10/1/25; 10/8/29; 1/14/30; 1/14/36; 8/9/38; 4/11/44; 11/3/48

Treatment of persons suffering from venereal diseases who are unable to pay for private medical care

Adopted 2/14/33; amended 8/10/37; 8/9/38; 9/12/39; 11/6/40; 4/13/48; 11/3/48

Issuance of premarital medical certificates

Adopted 4/11/50

Physical examination of school children

Adopted 3/11/52; amended 8/25/53; 3/9/54; 2/14/56

Plastic bags and plastic film

Adopted 4/12/60

Disposal of containers of poisonous substances

Adopted 4/12/60

Administration and dispensing of harmful drugs

Adopted 2/14/61

Standards of identity and purity for Chlortetracycline to be used in the manufacture of Chlortetracycline Ice

Approved 11/10/59 and 12/8/59

Labelling of receptacles containing Benzol (Benzene), Carbon Tetrachloride and other harmful substances (approved jointly with Department of Labor and Industries)

Adopted 6/12/56

Sanitary Code, Article I, "General Application and Administration"

Adopted 9/15/60; amended 4/8/69

Sanitary Code, Article II, "Minimum Standards of Fitness for Human Habitation"

Adopted 9/15/60; amended 12/12/61

Sanitary Code, Article III, "Housing and Sanitation Standards for Farm Labor Camps"

Adopted 10/11/60

Sanitary Code, Article IV, "Sanitation Standards for Recreational Camps for Children"

Adopted 11/7/61; amended 5/14/63

Sanitary Code, Article XI, "Minimum Requirements for the Disposal of Sanitary Sewage"

Adopted 1/9/62; revised 5/15/62; 4/12/66

To prevent pollution or undue contamination of the atmosphere within the Metropolitan Air Pollution Control District

Adopted 7/11/61

To control the radiation hazards of radioactive materials and of machines which emit ionizing radiation

Adopted 2/13/62

Definitions, rules and regulations pertaining to bedding, upholstered furniture and related products

Adopted 5/15/62; amended 9/12/63; 9/13/66; 5/9/67

Regulations relative to storage and distribution of frozen foods

Promulgated by Director of Food and Drugs, effective 8/1/60; amended 11/10/64

Regulations promulgated by Director of Marine Fisheries

Approved for sanitary requirements 4/13/42; 12/10/57

Regulations promulgated by the Director of Marine Fisheries relative to permits and certificates issued for the sanitary control of the shellfish industry, and relative to the sanitary condition of scallop operations

Approved 7/11/61; 9/19/61

Standards of admission, treatment, transfer and discharge of tuberculosis patients

Adopted 2/12/63

Hospital or sanatorium treatment standards for tuberculosis

Adopted 2/12/63

Sanitary Code, Article VIII, "Minimum Standards for Developed Family Type Camp Grounds"

Adopted 5/14/63

Regulations relative to devices

Adopted 4/9/63

Regulations for day care services for children
Adopted 12/10/63

Regulations relative to the identity, manufacture and sale of frozen
dietary dairy desserts
Adopted 1/14/64

Sanitary Code, Article VI, "Minimum Standards for Swimming Pools"
Adopted 4/14/64

Sanitary Code, Article X, "Minimum Sanitation Standards for Food Service
Establishments"
Adopted 1/1/65

Regulations relative to fish and fish products
Adopted 4/12/66

Standard of identity for baked beans
Adopted 11/9/65

Regulations governing transparent and semi-transparent wrappers and coverings
Adopted 11/9/65

Regulations relative to Care of Prematurely Born Infants
Adopted 11/8/66

Regulations relative to Lower Pioneer Valley Air Pollution Control District
Adopted 7/11/67

Regulations relative to retail food establishments
Adopted 10/10/67; amended 8/13/68

Regulations relative to certification of a home health agency
Adopted 12/12/67

Regulations relative to construction of new convalescent or nursing homes
Adopted 3/12/68

Regulations relative to ambulances
Adopted 4/9/68

Standard of identity for meat patty and meat steak
Adopted 4/9/68

Rules relative to visitation rights and educational and recreational op-
portunities for farm workers
Adopted 6/11/68

Regulations relative to control and elimination of rats
Adopted 6/11/68

Regulations relative to slaughtering
Adopted 1/14/69

Sanitary Code, Article VII, "Minimum Standards for Bathing Beaches"
Adopted 5/13/69

Legislation

The following legislation of particular interest to public health was passed by the 1968 Legislature and enacted into law:

Acts of 1968 (July 1 - July 20, 1968)

- 476 - An act to provide for a capital outlay program for the Commonwealth.
- 487 - An act authorizing the Trustees of the Bristol County Hospital to sell the property of the Bristol County Hospital and Nursing Home for the Aging, abolishing said Trustees and dissolving the Bristol County Hospital District.
- 492 - An act establishing the Rate Setting Commission with authority for setting the rates to be paid by each governmental unit to providers of health services under Medical Assistance Programs.
- 498 - An act authorizing the Department of Public Health to establish and maintain services for the care and treatment of persons suffering from chronic renal diseases.
- 504 - An act relative to the appointment of superintendents, physicians and other employees in institutions under the control and supervision of the Department of Public Health.
- 505 - An act providing for the reporting of grant funds received from the Federal Government by the Commonwealth or its agencies or employees.
- 508 - An act making appropriations for the maintenance of Essex County, its departments, boards, commissions and institutions, of sundry other services, for certain permanent improvements, for interest and debt requirements, and to meet certain requirements of law and granting a county tax for said county.
- 514 - An act authorizing the county commissioners of Hampshire County to expend funds for plans and specifications for a chronic disease facility in said county.
- 525 - An act providing a penalty for labelling as 'halibut' certain food fish products.
- 548 - An act authorizing local health authorities to order the fluoridation of public water supplies on advice of the Commissioner of Public Health.
- 559 - An act relative to payment for hospital care of premature infants.
- 560 - An act authorizing the Department of Public Health to make rules and regulations relative to the use of laser equipment and to provide penalties for the violation thereof.
- 572 - An act providing that examinations for the registration of nurses be held in the cities of Boston, Worcester, Springfield and Pittsfield.

- 590 - An act authorizing the City of Pittsfield to acquire certain waters and other property in the towns of Dalton, Hinsdale and Windsor for the purpose of increasing its water supply.
- 598 - An act relative to the borrowing and use of money by cities, towns and districts for water pollution control purposes.
- 603 - An act providing that the Civil Service Law and certain provisions of law relative to tenure shall not apply to certain employees engaged in a comprehensive city demonstration.
- 626 - An act to further control the burning and towing of rubbish in Boston Harbor.
- 636 - An act relative to provisional appointments in the Civil Service.
- 637 - An act relative to transfer of certain persons holding office or employment in the service of the Commonwealth or of a political subdivision thereof.
- 647 - An act relative to the basis for, and increasing the annual assessment of the costs of the Bristol County Mosquito Control Project.
- 648 - An act to curb the oil pollution of Massachusetts waters.
- 650 - An act placing employees of the Department of Correction in Group 4 of the contributory retirement system.
- 652 - An act relative to promotions in the Civil Service.
- 654 - An act directing the county commissioners of Worcester County to have plans and specifications prepared for the alteration, repair and improvement of the Worcester County Hospital buildings in the City of Worcester.
- 682 - An act providing that the Department of Public Works construct a solid waste disposal incinerator in the City of Melrose, and establishing the Melrose Regional Incinerator District.
- 685 - An act providing for the construction, on a site adjacent to the State House, of a garage, and for the planning for an office building to be constructed thereon.
- 686 - An act to permit a change of ownership of licensed convalescent or nursing homes not of Class 1 or 2 construction.
- 689 - An act further defining professional qualifications for certain Assistant Commissioners of the Department of Mental Health, and for regional administrators and regional directors under the Community Mental Health and Retardation Services Program.
- 695 - An act providing that the Commonwealth pay the costs of tuition and transportation for certain physically handicapped children in private schools, hospitals and institutions.

- 747 - An act relative to the limitation on the period for which certain skilled persons in the Department of Public Health may be compensated for the emergency services performed after their retirement.
- 750 - An act establishing a Greater Lawrence Sanitary District.
- 751 - An act providing that milk producers shall notify the Commissioner of Agriculture of the failure of milk dealers to pay for their milk when payment is due.
- 752 - An act establishing the Upper Blackstone Water Pollution Abatement District.
- 756 - An act clarifying procedures relative to the appointment of mentally retarded persons to positions in the classified civil service.
- 761 - An act establishing a Department of Community Affairs.
- 771 - An act in addition to the general appropriation act making appropriations to supplement certain items contained therein, and for certain new activities and projects.

Resolves of 1968 (July 1 - July 20, 1968)

- 110 - Resolve providing for an investigation and study by a special commission relative to the use of human beings in experiments conducted in State institutions and facilities.
- 123 - Resolve increasing the scope of the investigation and study by the Planning Division of the Department of Commerce and Development relative to planning and zoning by cities and towns.
- 126 - Resolve reviving the special commission established to make an investigation and study relative to certain Civil Service and public personnel administration matters.

Acts of 1969 (January 1 - June 30, 1969)

- 3 - An act clarifying the provisions of the civil service law relative to reinstatement.
- 4 - An act further defining the word 'roster' under the civil service law and requiring each appointing authority to be given a copy thereof.
- 8 - An act further regulating the promotion of certain permanent employees under the civil service law.
- 9 - An act further regulating appointments and promotions under the civil service law.
- 25 - An act relative to the filling of vacancies of civil service positions.

- 29 - An act reactivating a certain civil service list established for the position of hospital inspector in the Department of Public Health.
- 36 - An act providing for noncompetitive examinations under the civil service law.
- 45 - An act clarifying the provisions of the civil service law relative to seniority of officers and employees following an absence because of suspension or injuries received in the performance of duty and defining the term 'suspension.'
- 104 - An act reducing the number of members of the Board of Registration in Veterinary Medicine necessary to constitute a quorum.
- 108 - An act providing that the law establishing a minimum rate for hours worked in excess of forty hours in a work week shall not apply to employees employed in charitable homes for the aged.
- 114 - An act providing that any building in which a person works be properly lighted, ventilated and kept clean.
- 117 - An act repealing the provisions of law prohibiting applicants who fail to pass a civil service examination from taking the same examination within six months.
- 118 - An act extending the time within which certain Vietnam veterans may be eligible to take civil service examinations.
- 123 - An act relative to pensions for widows of fire fighters or police officers who are killed in the performance of duty.
- 133 - An act defining certain acts of charitable homes for the aged and of their employees as unfair labor practices and providing for the arbitration of certain grievances and disputes between such homes and such employees.
- 136 - An act making certain changes in the law relating to the allotment of certain appropriations.
- 158 - An act making appropriations for the fiscal year ending June thirtieth, nineteen hundred and sixty-nine to provide for supplementing certain existing appropriations and for certain new activities and projects.
- 175 - An act relative to the shift differentials for employees in the nursing services in county hospitals.
- 179 - An act clarifying the type of registration to be issued to certain physicians.
- 191 - An act relative to expenditures for the care, maintenance and repair of the Plymouth County Hospital.

- 199 - An act increasing the amount of money which a city or town may appropriate for a regional refuse disposal planning board.
- 207 - An act relating to the vaccination of dogs against rabies.
- 217 - An act relative to the seniority date of civil service employees of the Commonwealth.
- 222 - An act designating the chemical tetrahydrocannabinol as a narcotic drug under the narcotic drugs laws.
- 224 - An act authorizing Lahey Clinic Foundation, Inc. to hold additional real and personal estate.
- 229 - An act extending optional life insurance to age seventy for retired State employees with no premium contribution by the Commonwealth.
- 239 - An act relative to the preparation and distribution of the book of biographical sketches and portraits of state officers.
- 242 - An act authorizing a tenant to petition the District Court for enforcement of the State Sanitary Code where there has been a request for inspection of the premises and there has been no inspection.
- 314 - An act prohibiting unlawful discrimination by the use of certain criminal records against persons seeking employment.
- 343 - An act exempting licensed practical nurses from civil liability as a result of rendering certain emergency care.
- 350 - An act making members of the judiciary subject to the law governing the conduct of public officials.
- 355 - An act further regulating the recovery of possession by summary process of certain premises in cases of violation of standards of fitness for human habitation.
- 356 - An act authorizing governmental units to enter into contracts for the joint disposal of refuse, garbage, and offal for periods not exceeding twenty years.
- 360 - An act making appropriations for the fiscal year ending June thirtieth, nineteen hundred and sixty-nine to provide for supplementing certain existing appropriations and for certain new activities and projects.
- 370 - An act authorizing the Governor to make awards commemorating the one hundredth anniversary of the Department of Public Health.
- 373 - An act exempting the spraying of pesticides from the operation of the law imposing tort liability for the discharge of certain petroleum products into or on certain waters or tidal flats.
- 375 - An act further regulating the membership of the Board of Registration in Nursing.

- 383 - An act authorizing cities and towns of the Commonwealth to adopt ordinances and by-laws to regulate noise.
- 384 - An act increasing the penalty for discharging crude petroleum and certain other substances into inland waters or tidal waters.
- 388 - An act relative to the appointment as special police officers of employees of the Department of Public Health and of institutions thereunder.
- 412 - An act further regulating the liability of cities and towns on contracts for the disposal or incineration of garbage.
- 426 - An act increasing the examination fees of applicants for registration and examination by the Board of Registration in Medicine.
- 427 - An act implementing the amendment to the constitution providing for a reorganization plan procedure for the Executive Department.
- 429 - An act further regulating the rescinding, suspension or modification of sites for dumping grounds or incinerators.
- 434 - An act authorizing the Department of Public Safety to make analyses of drugs and to issue certificates which shall be prima facie evidence of the results thereof.
- 452 - An act making appropriations for the fiscal year nineteen hundred and seventy, for the maintenance of the departments, boards, commissions, institutions and certain activities of the Commonwealth, for interest, sinking fund and serial bond requirements, and for certain permanent improvements.

Resolves of 1969 (January 1, 1969 - June 30, 1969)

- 4 - A resolve reviving and continuing the special commission established to make an investigation and study of the extent of the use of harmful, injurious or illegal drugs within the Commonwealth.
- 21 - Resolve providing for an investigation by the judicial council relative to protecting confidential communications of persons addicted to the excessive use of alcoholic beverages and being treated in alcoholic clinics.
- 26 - Resolve further continuing the investigation and study by a joint board relative to the collection and disposal of sewage in certain municipalities in the County of Worcester.
- 28 - Resolve increasing the scope of the special commission established to make an investigation and study relative to the extent of the use of harmful, injurious or illegal drugs within the Commonwealth.
- 41 - Resolve increasing the scope of the special commission established to make an investigation and study relative to the use of harmful, injurious or illegal drugs within the Commonwealth.

RECOMMENDATIONS FOR 1970 LEGISLATION

Following is the legislation to be submitted to the next session of the General Court by the Department:

1. AN ACT TO CLARIFY PAYMENTS OF COMPENSATION TO MEDICAL CONSULTANTS IN STATE SERVICE.

Medical consultants to our State hospitals, whether or not they accept the modest reimbursement from the State, have not been permitted to collect fees for services rendered to patients who have some type of third party coverage (Blue Shield, Medicare, private insurance, Medicaid) because of the conflict of interest law.

This bill would remove this impediment and permit patients in State hospitals to receive the services they have paid for and would also permit the State to save some portion of their '03' account appropriations.

2. AN ACT ESTABLISHING THE DEPARTMENT OF PUBLIC HEALTH A MASSACHUSETTS POISON INFORMATION CENTER.

This legislation is needed in order to provide control information to all residents of the State, and to establish toxicology service. The program proposed in this bill would incorporate and expand the existing Boston Poison Information Center and would establish a related diagnostic program in the Department's Institute of Laboratories.

3. AN ACT RELATING TO THE LICENSING OF CLINICAL LABORATORIES AND THEIR PERSONNEL.

For the past several years, the Legislature, the Department, and various groups have been working on the development of acceptable legislation to provide for the licensing or registration of clinical laboratories. The need for such legislation has been documented on the basis of known deficiencies in the performance of laboratory tests by untrained or unqualified individuals; and by the extension of such licensing in neighboring states, which threatens to make Massachusetts a refuge for those who cannot qualify in states that now have licensing laws.

The groups concerned with such legislation have found many areas of agreement, but also some major differences in their approach to the problem. This bill, with the object of finding a basis of general agreement, follows the general outline of the Model Bill developed by the Council of State Governments, with two changes already expressed in bills filed the last few years. These changes are:

- a. To have the multidisciplinary Advisory Committee appointed by the Governor instead of the Department. This should provide an opportunity to participate for any group that fears the Department might not accord it sufficient recognition.
- b. To define specially the qualification of a clinical laboratory director. The standards and qualifications included in the pro-

posed legislation are those already in force for Medicare services, not only in Massachusetts but throughout the country and have therefore been very widely accepted.

4. AN ACT PROVIDING FOR SEARCH WARRANTS IN ROUTINE HEALTH INSPECTIONS AND AREA WIDE INSPECTIONS.

It is doubtful that authority exists in the General Laws to issue search warrants for routine health inspections or area wide inspections in enforcing building codes. This legislation is introduced to correct this hiatus in the law.

5. AN ACT DELETING THE REQUIREMENT THAT COPY OF ORDER BE SERVED UPON MORTGAGEE OF RECORD.

This bill is proposed to facilitate compliance with the Sanitary Code in those instances that require only minor repairs or cleaning. To ferret out the mortgagee of record in each case when attempting to enforce the minimum standards for human habitation is expensive, time consuming, and according to local housing inspection officials, unnecessary except in cases where conviction or demolition is contemplated.

6. AN ACT PROVIDING FOR A BOARD OF REGISTRATION OF RADIOLOGIC TECHNOLOGISTS.

This is recommended because it is imperative that the health and safety of the people of the State be protected against the harmful effects of excessive and improper exposure of ionizing radiation. Such protection can, in major measure be accomplished by requiring adequate training and experience of persons operating ionizing radiation equipment in each particular case under the specific direction of licensed practitioners. It is the purpose of this bill to establish standards of education, training and experience, and to require the examination and certification of operators of ionizing radiation equipment.

7. AN ACT AUTHORIZING THE DEPARTMENT OF PUBLIC HEALTH TO ESTABLISH A PROGRAM FOR THE PREVENTION OF THE DISEASE ERYTHROBLASTOSIS.

The destruction of red blood cells of the unborn infant due to Rh incompatibility leads to, among other complications, the disease of Erythroblastosis fetalis which may result in death or serious mental retardation. This disease is caused by sensitization of Rh negative mother after the birth of an Rh positive infant. The Rh positive factor of antigen passes from the fetus through the placenta into the mother's circulation. This causes the production of antibodies and sensitization of the mother, causing Erythroblastosis fetalis in success pregnancies. Recent research has made possible the use of Anti-Rh Immune Globulin to prevent the incidence of this disease. A single dose blocks the formation of antibodies by the mother, thus preventing Rh disease of the infant, and must be repeated after each pregnancy.

8. AN ACT RELATING TO CHILDREN HANDICAPPED AT BIRTH.

This bill is proposed for the purpose of replacing our 'prematurity program' with a 'neonatal program' that will be concerned with problems

related to care of all newborns, and replace our present reporting system with one that can better identify handicapping conditions by providing that reports be made by all hospitals as handicapped children are born or hospitalized. This will enable the Department to maintain an adequate registry. Except in the case of the unwed mother the Department shall notify the board of health in the town where the mother resides of such birth.

9. AN ACT ESTABLISHING A NUTRITIONAL SERVICE PROGRAM IN THE DEPARTMENT OF PUBLIC HEALTH.

This bill is proposed for the purpose of providing the aged, the dependent, the sick and others unable to obtain adequate nutrition, with prepared food of sufficient nutrient quality to maintain and restore health.

10. AN ACT ESTABLISHING A FAMILY HEALTH PROGRAM IN THE DEPARTMENT OF PUBLIC HEALTH.

This bill is proposed to establish and administer by the Department such family health centers as are needed to provide prevention and treatment services aimed at reducing the severity and incidence of disease requiring hospitalization.

11. AN ACT RELATING TO PRESCHOOL LEARNING DISABILITY SCREENING AND PREVENTION.

This bill is recommended for the purpose of establishing programs for the perceptually handicapped, including the blind, the deaf and those with so-called 'learning disabilities,' including early identification and comprehensive treatment for individuals and groups.

12. AN ACT ESTABLISHING IN THE DEPARTMENT OF PUBLIC HEALTH A TRAINING CENTER.

This bill is recommended because professional training, often because of lack of field placement, has become unrelated in many fields to the manpower needs of the population and of programs serving the peoples needs. Particularly noticeable are lack of field experiences for doctors, nurses and social workers in team work situations and in family health services. Non-professionals are needed to assist the professionals in providing the necessary health services.

13. AN ACT ESTABLISHING A COMPREHENSIVE TREATMENT PROGRAM FOR CHILDREN WITH HANDICAPPING DISORDERS AND DEVELOPMENTAL DISABILITIES.

This bill is recommended to provide funds to extend program of identification, treatment and rehabilitation of handicapped children throughout the Commonwealth. No case finding or rehabilitation program exists at the present time.

14. AN ACT AMENDING THE DEFINITIONS OF MACHINE LOCATION AS IT PERTAINS TO FOOD VENDING MACHINES.

This bill is proposed on the recommendation by the State Auditor that

fees charged under the present Food Vending Machine Law be made more equitable to those having multiple locations.

15. AN ACT FURTHER REGULATING THE SALE AND DISTRIBUTION OF PESTICIDES.

This bill is proposed to clarify the authority of the Department over those persons who have registered a pesticide with the Department and a continuation of said registration would constitute a hazard to the public health.

16. AN ACT CONCERNING BEDDING, UPHOLSTERED FURNITURE AND STUFFED TOYS.

The present law relating to stuffed toys provides for an initial licensing fee of one hundred dollars, with a subsequent annual fee of twenty-five dollars. The initial fee of one hundred dollars is hardship on many of the wholesalers handling a small quantity of stuffed toys in relation to their overall business. The Department recommends the initial fee of one hundred dollars be reduced to twenty-five dollars.

17. AN ACT CHANGING THE PROCEDURES UNDER WHICH PUBLIC HEALTH INSPECTIONS TO CONTROL AIR POLLUTION MAY BE CONDUCTED.

This legislation is necessary to bring Massachusetts law into conformity with recent decisions of the United States Supreme Court concerning public health inspections. This act would authorize air pollution inspections with the consent of the property owner and would provide for the issuance of warrants for such inspections by the Commissioner when consent is refused.

18. AN ACT RELATIVE TO THE PRACTICE OF AIR POLLUTION CONTROL BY AGENCIES OF STATE AND LOCAL GOVERNMENT.

It is recommended that this legislation is necessary since the Commonwealth now has greater powers to act against air pollution from private sources than from public sources. Public agencies should set an example in the area of air pollution control and the Department therefore must be empowered to issue enforceable orders against other public agencies where violations of its air pollution rules and regulations are noted.

19. AN ACT RELATIVE TO THE USE OF CHEMICAL FUEL ADDITIVES.

It is recommended that this legislation is necessary because of the concern of the Department relative to the use of toxic and potentially toxic fuel additives as they relate to the problem of air pollution. It is necessary in order to regulate the use of such additives that the Department have detailed information relative to their use. This bill would require disclosure of such information.

DEPARTMENT OF PUBLIC HEALTHEXPENDITURES 1969GRAND TOTAL - DEPARTMENT AND INSTITUTIONS

<u>CAL</u> <u>YEAR</u>	<u>TOTAL</u> <u>EXPENDITURES</u>	<u>PER</u> <u>CAPITA</u>	<u>TOTAL</u> <u>STATE</u>	<u>PER</u> <u>CAPITA</u>	<u>TOTAL</u> <u>FEDERAL</u>	<u>PER</u> <u>CAPITA</u>
69.	\$38,711,521.00	\$7.16	\$32,545,725.00	\$6.02	\$6,165,796.00	\$1.14
			<u>DEPARTMENT - MAINTENANCE</u>			
69	\$16,078,987.00	\$2.97	\$ 9,913.191.00	\$1.83	\$6,165,796.00	\$1.14
			<u>INSTITUTION - MAINTENANCE</u>			
69	\$22,632,534.00	\$4.19	\$22,632,534.00	\$4.19	-----	--

EXPENDITURE REPORT - HEALTH SERVICES JULY 1, 1968 - JUNE 30, 1969

<u>HEALTH PROGRAMS</u>	<u>STATE</u>	<u>FEDERAL</u>	<u>TOTAL</u>
<u>Environmental Health Services</u>			
1. Sanitary Engineering	1,000,525.67	96,375.39	1,096,901.06
2. Food and Drug	670,885.29	35,854.34	706,739.63
3. Radiological Health	-----	21,435.39	21,435.39
<u>Personal Health Services</u>			
1. Cancer Control	147,425.83	76,302.58	223,728.41
2. Heart Disease Control	68,716.75	75,693.76	144,410.51
3. Chronically Ill & Aged	29,594.85	98,360.96	127,955.81
4. Tuberculosis Control	2,839,791.24	95,890.73	2,935,681.97
5. Dental Health	88,261.11	11,588.33	99,849.44
6. Nursing Homes	303,231.37	53,766.91	356,998.28
7. Laboratory Services	1,158,614.47	90,497.79	1,249,112.26
8. Communicable Diseases	550,730.32	172,432.04	723,162.36
9. Alcoholism	488,791.02	17,834.00	506,625.02
10. Hospital Facilities	147,135.85	123,145.01	270,280.86
11. Family Health Services	672,837.22	4,297,596.86	4,970,434.08

BUDGET ITEM NO.	HEALTH PROGRAMS	STATE	FEDERAL	TOTAL
3.	<u>Health Services</u>			
3.1.	Health Services Administration	1,398,480.74	405,498.49	1,803,979.23
3.2.	Professional Services			
3.2.1.	Health Statistics	61,986.10	19,971.21	81,957.31
3.2.2.	Health Education	78,260.52	101,100.68	179,361.20
3.2.3.	Public Health Nursing	53,900.70	39,683.96	93,584.66
3.2.4.	Social Work	27,298.54	----	27,298.54
3.2.5.	Nutrition Division	12,153.34	----	12,153.34
3.3.	Medical Care Administration	90,441.04	314,411.53	404,852.57
3.4.	Training	<u>24,129.02</u>	<u>18,356.31</u>	<u>42,485.33</u>
<u>SUB TOTAL</u> - Health Programs before Institutions		9,913,190.99	6,165,796.27	16,078,987.26
3.5.	<u>Public Health Institutions</u>			
	Lakeville State Hospital	2,335,207.23	-----	2,335,207.23
	Rutland Heights Hospital	2,303,460.96	-----	2,303,460.96
	Western Massachusetts Hospital	2,126,610.92	-----	2,126,610.92
	Lemuel Shattuck Hospital	6,334,197.66	-----	6,334,197.66
	Pondville Hospital	2,254,634.20	-----	2,254,634.20
	Massachusetts Hospital School	1,412,928.54	-----	1,412,928.54
	Tewksbury Hospital	<u>5,865,494.76</u>	-----	<u>5,865,494.76</u>
<u>TOTAL</u> - Institutions		22,632,534.27	-----	22,632,534.27
T O T A L S		\$ <u><u>32,545,725.26</u></u>	<u><u>6,165,796.27</u></u>	<u><u>38,711,521.53</u></u>

20. AN ACT RELATIVE TO THE ASSIGNMENT AND OPERATION OF REFUSE DISPOSAL FACILITIES.

This proposed piece of legislation deals with the serious problem of air pollution resulting from improper disposal of refuse. It is recommended that this legislation be enacted to clarify the authority of local boards of health and of the Department to approve the use of refuse disposal sites whether for an incinerator, sanitary landfill or composting plant. The Department further feels that it is necessary in order to prevent undue contamination of the atmosphere to have authority to approve the use and design of such facilities prior to their construction and operation.

21. AN ACT PROHIBITING THE REMOVAL OF CERTAIN DEVICES DESIGNED TO REDUCE THE EMISSION OF CONTAMINANTS FROM AUTOMOBILES.

Federal legislation makes the installation of emission control devices mandatory on all new automobiles. This mandate is imposed on the manufacturers and applies only to interstate commerce. There is no legal prohibition against removal of or tampering with such devices once they are in the hands of the owner. Accordingly, it is recommended that this legislation be enacted.

22. A RESOLVE PROVIDING FOR AN INVESTIGATION AND STUDY OF THE NOISE AND AIR POLLUTION IN THE VICINITY OF LOGAN AIRPORT.

Air and noise pollution from operations conducted at large airports such as Logan is becoming a problem to air pollution control agencies. In order that the Department may act reasonably and intelligently it is necessary that (1) the noise and air pollution levels in the vicinity of Logan Airport be known; (2) be evaluated; (3) that the Department make recommendations pertinent to such findings. It is recommended that this legislation be enacted for the above reasons.

23. AN ACT RELATING TO THE COMMISSIONER OF PUBLIC HEALTH.

The purpose of this act is to amend General Laws, Chapter 17 to raise the salary of the Commissioner of Public Health in line with the duties and responsibilities of the position and on parity with positions of like duties and responsibilities.

24. AN ACT AMENDING THE MEAT AND POULTRY SLAUGHTERING AND PROCESSING LAWS.

This proposed bill is recommended to make Massachusetts meat inspection laws equal to those of the Federal Government.

BUREAU OF CHRONIC DISEASE CONTROL

Division of Adult Health

The responsibilities of the Division of Adult Health can be classified into two components: 1) the Division has a special responsibility for preventive, treatment and rehabilitation programs and for leadership in exploring new methods of combating heart disease, renal disease, cancer, glaucoma, diabetes, 2) the Division promotes the organization and reinforcement of community health programs for the chronically ill and aged.

Major efforts of the Division during fiscal 1969 were concerned with a closer association with the pertinent interests of the Tri-State Regional Medical Program.

The Cancer Registry continues to take up most of the funds available for cancer; the State Throat Culture Program continued at a record pace in Boston, Worcester and Amherst laboratories and 166,425 cultures were processed during the fiscal year; the Division continued to be vitally involved in smoking and health programs at the Federal, State and local levels; in the glaucoma program 8224 patients were screened from 35 Massachusetts cities and towns; the diabetes screening program reached record activity in fiscal 1969 with 9930 participants from 45 Massachusetts cities and towns; homemaker service agencies were funded in three areas; and agreement was concluded for the continued operation of the Tumor Diagnosis Service by the Harvard Medical School until June 30, 1970.

The interest of Division staff in the provision of medical services for patients suffering from terminal kidney disease and in the prevention of kidney disease was rewarded by the passage of Chapter 498 of the Acts of 1968 which provides funds for the implementation of kidney disease treatment for Massachusetts residents. Particular progress was recorded in the development of services for treatment of end-stage kidney disease. Lakeville Hospital has been designated as a site for a satellite dialysis service in southeastern Massachusetts, and provision of dialysis services in central Massachusetts has been discussed with the Worcester Memorial Hospital.

A contract has been concluded with the Lemuel Shattuck Hospital to write a project designed to screen the relatives of breast cancer victims. These relatives are at high risk of developing breast cancer. Programs for the detection of cervical cancer have also been initiated.

In the future the Division will continue to further the decentralization of chronic disease activities, especially with regard to disease screening, health promotion, particularly with regard to smoking and health, and home care and other services for the handicapped and the elderly. The Division expects to promote alternatives to institutionalization in the form of improvements in the home, either by simple home

engineering techniques or by the use of auxiliary health care personnel in the home, backed up by the professional home care agencies.

Division of Alcoholism

It is the responsibility of the Division of Alcoholism to 1) establish programs for the diagnosis, treatment and rehabilitation of alcoholics; 2) study the problem of alcoholism; 3) develop and promote preventive and educational programs relating thereto; 4) coordinate the work of all departments and agencies dealing with the care and treatment of alcoholics or with the problems of alcoholism.

Efforts in education consisted of two main categories: 1) alcohol education, which focuses on schools and teen-agers, 2) alcoholism education which is directed toward many types of caretakers.

In the area of alcohol education work was conducted with eleven different school systems. Most of this effort was for the training of staff to enable them to independently teach in this area and demonstration classes were held. Presentations on alcohol education were given at three State colleges and at meetings for teachers.

The Division also conducted institutes and workshops for the clergy, visiting nurses, licensed practical nurses, and hospital nurses. Other groups to whom training was given included State police officers, industry, and the Massachusetts Conference on Social Welfare. Assistance was given Northeastern University in designing and establishing a course on alcoholism.

The Division carried out a survey of three public health and five mental health hospitals, as well as two mental health centers. In-patient programs are being developed in many of these hospitals and more should be forthcoming.

The Division has been working closely with the Department of Mental Health and helped to plan and conduct an all-day conference on alcoholism for key members of that department.

The Division has helped to develop and strengthen services in a number of social agencies. The North Shore Committee on Alcoholism has set up a foster care and half-way house program; Flynn House, a half-way house in Boston, has opened a second branch; Hope House has added 20 beds to the resident capacity; a drop-in center in Leominster has been opened. The Salvation Army South End Center will be opening a major new center in the South End of Boston, including approximately 35 beds. The Division has also helped develop services in the Roxbury community, working with the Outreach Program and with Open Ear Associates, a half-way house. Considerable effort was given to working with the Attorney General's office on alcoholism legislation.

In the area of research, a major study was carried out of the epidemiology of drunkenness arrests in Boston for the year 1967. The study includes information on drunkenness arrests by age, police report-

ing area, police precincts, sex, frequency of arrest, and court disposition.

In the area of treatment, many of our clinics are now collaborating with other programs in the communities in which they are located. They are developing working relationships with model cities programs, redevelopment authorities, mental health programs and rehabilitation programs.

During fiscal 1969 the 19 out-patient programs saw 2894 new cases, 1094 readmissions, and carried a total caseload of 8012 patients. The clinics had a total of 30,847 patient visits. The Division also provided hospitalization for 264 patients and provided half-way house care for an additional 177 patients.

The general goal of the Division with regard to treatment is to develop comprehensive alcoholism programs available throughout the State. The components of such programs will include in-patient services, out-patient services, emergency care, 24-hour care, half-way houses, and vocational assistance.

Division of Communicable Diseases

The Division operates two separate and distinct programs -- the communicable disease program is essentially advisory and investigatory, and the venereal disease control program combines the features of a medical care program and epidemiological responsibility.

Communicable Disease Program: Several significant events occurred during 1968 which warrant special attention. They fall into the areas of the following diseases:

Influenza: Last September a letter was sent to the local boards of health advising them of an anticipated major outbreak of Asian influenza, Hong Kong strain, with probable onset in December. It was expected to be a mild disease because patients with a history of having had Asian influenza would have some immunity against the new strain. The epidemic first appeared in Middlesex County during the middle of November and peaked the week before Christmas; Berkshire and Worcester Counties and the southeastern corner of the State peaked during the last few weeks of the year; the Cape Cod area was lightly hit; the northeastern section of the State, Merrimac Valley and Boston peaked during the week of New Years. The Hong Kong influenza virus behaved like a new virus. The epidemic persisted until mid-January. A smaller epidemic of Hong Kong Asian influenza, together with Influenza B, is predicted for the winter of 1969-1970.

Measles: Experience with the Measles Immunization Program is most gratifying. The statewide program was launched in January 1966 with emphasis on the immunization of pre-school children. In 1967 the program was aimed at the immunization of every susceptible grade school child. In 1968 the objective was to immunize any pre-school child missed during the previous two programs. With the support of the Massachusetts

Medical Society and the assistance of clinical and public health medicine, measles is well on its way to extinction. In 1965, 19,512 cases of measles were reported in Massachusetts; in 1968, only 385 cases were reported. Thus in three years a 98.1 per cent reduction in measles was achieved.

Mumps: On January 5, 1968 a live, attenuated mumps vaccine was licensed. With a budget of \$400,000. received from the Legislature, 200,000 doses of vaccine were purchased during fiscal 1969. From January through May 1969 a total of 2804 cases of mumps were reported, in contrast to 6374 cases reported for the same period of time in 1968. In five months there was approximately a 60 per cent reduction in mumps. In two more years mumps should be eliminated from Massachusetts.

Rubella: On June 9, 1969 a live, attenuated rubella vaccine was licensed. Rubella is usually a mild disease. It assumes tremendous importance however when a pregnant woman contracts the disease during the first trimester of pregnancy because of the possibility of congenital defects in the newborn. There is a 20 per cent risk of giving birth to a dead or deformed infant. Thus the most important objective of a Rubella Control Program is the prevention of maternal rubella. This can best be accomplished at the present time by reducing the reservoir of rubella virus in the community through the immunization of children. Massachusetts was prepared to launch its program in May 1968 with an appropriation of \$400,000. The Division purchased a supply of more than 230,000 doses of the vaccine. The National Communicable Disease Center agreed to contribute an additional 150,000 doses. With about 380,000 doses of vaccine available, the objective in fiscal 1970 will be to immunize both boys and girls from kindergarten through grade three. In three years rubella can be eliminated.

Rabies: Massachusetts is surrounded by states that have rabies in ground animals. Thus far rabies in Massachusetts has only been found in bats. Eventually rabies will appear here in ground animals. Since 1961 the Division has had an active Antirabies Control Program beginning first with the rabies immunization of high risk groups, and promoting and conducting dog immunization clinics during the Spring and Fall seasons. A bill was introduced in the Legislature requiring that all dogs six months of age and older be immunized against rabies. The bill was passed by the Legislature and signed by the Governor on April 22, 1969.

Other Diseases: The other immunizable diseases continue in low prevalence. There were 85 cases of pertussis reported in 1968, compared to 244 cases reported during 1967; no cases of diphtheria were reported; only three cases of tetanus were reported. During 1968 a total of 17 reported outbreaks were investigated.

Venereal Disease Program: One of the most important achievements for the fiscal year 1969 was the completion and publication of the "Curriculum Guide on the Venereal Diseases for Junior High School Teachers." Ten thousand copies were put on sale by the Office of the Secretary of State, Public Documents Division, at a cost of \$1.00, and in six months 1114 copies were sold. The Guide was prepared in collaboration with the Boston College School of Education, and endorsed by the Massachusetts

Department of Education and the Massachusetts Medical Society. For the first time, school systems in Massachusetts have a suggested guide for developing courses on venereal diseases. A "Curriculum Guide on Sex and Family Life Education" for the 5th and 6th grades has also been completed.

For the year 1968, gonorrhea increased by 11.3 per cent. In the past ten years (1959-1968) gonorrhea in Massachusetts increased 211.8 per cent. This disease is epidemic in Massachusetts as well as in the United States.

For the year 1968, total syphilis showed a decrease of 22.0 per cent. Primary and secondary syphilis showed an increase of 1.3 per cent; early latent decreased by 21.9 per cent; thus there was a decrease of 11.0 per cent in infectious syphilis. Late latent and late syphilis decreased by 24.9 per cent and congenital syphilis decreased by 17.5 per cent.

Our records clearly indicate that organized and commercialized prostitution is not a major factor in our venereal disease problem. Our biggest source of venereal disease contacts is the pick-up, and the places of pick-up are centered primarily around taverns, bars, and restaurants. The home, hotels, and automobiles, in that descending order of frequency, are the places of exposure.

The Division continues the follow-up of all selectees discovered to have a positive blood test for syphilis or other evidence of venereal disease.

In December 1968 the Division conducted a two-day course on the venereal diseases for members of the American Academy of Dermatology. The course received such an enthusiastic reception, the Director was requested to conduct another course at the Annual Meeting of the Academy in 1969. It is obvious that the practising dermatologists feel the need for more instruction in the venereal diseases -- an area which has been de-emphasized in the curriculum of medical schools in the United States since 1950.

Plans for extending reciprocity arrangements regarding the premarital examination law continue.

In the State Cooperating Venereal Disease Clinics, 10,644 patients were examined, representing a total of 29,048 visits. These clinics are now located in the out-patient departments of general hospitals.

In addition to preventive and control activities, the Division is currently engaged in several applied research studies: sero-reactor study program; military interviewing program; treponema pallidum immobilization test study; evaluation of the FTA-ABS test; evaluation of penicillin treatment in gonorrhea; cardiovascular syphilis study; long-term follow-up of chronic biologic false positive reactors; congenital syphilis study; analysis of type of questions asked by student nurses prior to receiving a six-hour course of lectures on the venereal diseases; and analysis of type of questions asked by student nurses prior to receiving a four-hour course of lectures on family life education.

Division of Dental Health

The objectives of this Division are the control of oral diseases and malformations and the control of hazards to health secondary to dental treatment procedures through the development of organized systems of dental treatment, preventive dentistry, dental research and dental education.

The most important developments in the dental health area this year have been caused by the impact of the dental services of the Medicaid program. A large part of the dental effort of the Department has been directed toward the development of standards for the Medicaid dental services. It has become obvious that the responsibilities of the Department in the dental health area should be made to fit into the appropriate administrative divisions of the Department rather than to be treated as a whole. The effect of the Medicaid program has been such as to redirect the efforts of local health authorities as well. For those who were providing extensive treatment resources for the disadvantaged have now been able to discharge this responsibility to the State's Medicaid effort, with the resultant release of local resources for more extensive attention to preventive and diagnostic efforts.

The Department's dental effort, because of its affiliation with the administration of the dental service of Medicaid, has increased. The increase at the State level is such as to warrant the redirection of the Department's oversight of dental health affairs into appropriate service and administrative categories of the Department's organization.

There is abundant evidence now available that dental caries is becoming suppressed. After fifteen years of the fluoridation of public water supplies, some communities now have only half the dental caries prevalence that they suffered only a few years ago. There is evidence that, in general, dental caries prevalence has taken a downward turn in all areas, perhaps occasioned by the widespread use of fluorides in their other possible applications by dentistry.

Reports from the Department's field staff indicate that the treatment of dental disabilities has been much improved in respect to timeliness and thoroughness. This is particularly evident in school populations and may be attributed in large measure to the Medicaid effort of the Department of Public Welfare. The oral function of adults has been improved also in the last two years by the enormous effort of the Medicaid program in the prosthetic area of dentistry. Disfiguring malocclusions are now under extensive treatment and the social impacts of this aspect of the Medicaid resource can only be speculated upon at this time. It is fair to judge that the disadvantaged must be achieving a share of relief from the psychosocial impacts caused by facial disfigurement.

The cooperation of the Department of Public Health and the Department of Public Welfare is paralleled by the cooperation of the Department of Public Health with the Department of Education and its local activities. The very necessary training of auxiliary personnel to support the dental effort in its manpower problems is becoming effective and the Department has begun to supply the technical assistance needed to assure that these local education efforts produce health workers of quality.

While the hazards to the health of the people from dental diseases are being prevented more effectively than ever before and the treatment of dental disabilities greater than ever before, the possible hazards to the health of the people as the result of dental treatment are under better control than ever before. Specifically, the public exposure to ionizing radiation from dental sources is at its lowest level in the last fifteen years despite the ever-increasing use of ionizing radiation as a diagnostic tool.

The Department also participated in the training of men and women in the dental health aspects of public health.

The Division appears to have the manpower to provide a high level of comprehensive dental care for all the people. No dearth of resources, except in the distressed portions of the urban communities is in evidence. The impact of the social programs of government, and the expanded use of auxiliary dental personnel seem to assure that our population growth and its attendant dental needs can be met in the foreseeable future.

Division of Nursing Homes and Related Facilities

This year the Division has been engaged in licensure, regulation, and Medicare and Medicaid certification of the facilities under its jurisdiction. The Division has also conducted hearings relative to the revocation or refusal to issue licenses and the approval of charters for medical care facilities, reviewed and approved architectural plans for new construction and the alteration of existing facilities, and maintained on-going educational and in-service training programs.

One hundred and thirty-five extended care facilities were certified, and a tentative identification was made of 216 nursing homes as 'skilled' under the Title XIX Medicaid program. A survey of all nursing and rest homes was conducted to evaluate personnel.

The development of a new document and worksheet has provided an effective teaching tool for new surveyors, and a method to provide consistency of reporting.

One hundred and thirteen preliminary requests for construction of new nursing homes were reviewed, and 61 requests by the Division were approved. Seventy-three sets of preliminary drawings were reviewed and approved, as well as 46 final drawings and specifications and 161 plans for alterations to existing facilities.

Thirty-nine public hearings were held relative to the revocation of a license or denial of an application for a license to operate a nursing home, rest home, or city or town infirmary. This resulted in the closing of nine nursing homes, 13 rest homes, three infirmaries/public medical institutions.

The Massachusetts Association for Occupational Therapy and the Division sponsored a Workshop for Activity Directors and Occupational Therapists. In-service training programs for inspectional staff, includ-

ing areas of consultation and rehabilitation nursing were continued.

A trend in the Medicare certification process continues toward distinct part certification with the utilization of available extended care facility beds far below original expectation in many areas of the State.

In the future the Division is planning to expend its resources toward the re-evaluation of its statutes, regulations and standards relating to nursing home licensure programs and toward the establishment of criteria recognizing the capacity of a facility to provide one or more levels of care.

Lemuel Shattuck Hospital

For the Hospital, the year under review has been a period of progress in all four of its major areas of activity: patient care, teaching, research and community service.

The most difficult problem faced by the administration and staff of the hospital in the year was the steady loss of valuable nurses and physical therapists. This was mostly attributable to the fact that the normal attrition of staff which occurs could not be made good by the recruitment of new personnel. This kind of crisis must be avoided in the future at all costs.

Admissions were up, with readmissions accounting for nearly one-half. A part-time nutritionist for out-patient services has been added to the staff, achieving more satisfactory dietary consultation. Staffing procedures were reorganized to utilize consulting senior physicians in a more advisory and supervisory role, with residents serving as primary physicians. Also started was a program for the treatment of alcoholism in the earlier stage of the natural history of the disease which represents a new endeavor requiring the training of existing personnel in new procedures.

The Renal Dialysis Unit was severely hampered by shortages of staff. A total of 34 patients have been taken on the program during the three years of activity. Only two deaths have occurred, giving one of the highest survival records in the country. Only four of the 32 surviving patients are not fully rehabilitated and employed.

Teaching activities for the training of medical students and physicians is concentrated mainly in the Medical Service. The hospital continues to maintain a School of Practical Nursing, and 56 students were graduated this year. In collaboration with Northeastern University's Laboratory Assistant Program, the hospital provided on-the-job training in the Laboratory Medicine Service. Radiology technician trainees from Northeastern University also received training in the hospital in the Radiotherapy Department. Both physical and occupational therapists received training this year.

During the past year the Training Center for Comprehensive Care has continued to use the resources of the Shattuck Hospital for the training

of non-professionals. This included nursing aides, medical laboratory assistants, dental assistants, therapist aides, and dietary workers. A control study was also conducted to test the effect of training relatives of stroke patients.

Considerable research is conducted in the hospital. Some of it is basic, some readily applicable to clinical problems, some related to community health, some of it is of a demonstration nature.

Growth of community service, in addition to patient care, has occurred this year at the hospital.

BUREAU OF CONSUMER PRODUCTS PROTECTION

Division of Food and Drugs

This year the Bureau continued its efforts to fulfill its responsibilities in the areas of public health protection pertinent to food and drugs, cosmetics, devices, registration of pesticides, the licensing of cold storage warehouses, bedding, upholstered furniture and stuffed toys, out-of-state soft drink and frozen dessert plants, methyl alcohol manufacturers, narcotic drug manufacturers, licensing of vending machines, sellers of hypodermic needles and syringes, and licensing of establishments using animals for experimental purposes. The Division also makes analyses of liquors, drugs and poisonous substances for the Department of Agriculture, police officials, the Alcoholic Beverages Control Commission and the Department of Natural Resources. In accordance with Public Law 90-201 and 90-492 of the United States Congress, the Division has been developing a meat and poultry inspection program to be equal to Federal inspection.

Activities encompassed a broad preventive program which includes training and educational processes and a law enforcement program utilizing hearings to point out violations and determine the necessary corrective processes to eliminate the possibility of subsequent violations. The law enforcement program utilizes inspectors to observe conditions in various establishments regulated and laboratory personnel to determine extent and type of condition of samples submitted. Laboratory determinations also serve to pinpoint the possible source of contamination, as well as whether or not products are adulterated or misbranded.

The Division continues its support of educational programs in regard to food service establishments, retail food stores, training of local health inspectors and the dissemination of information concerning drugs and drug abuse. Many programs concerning the training of local police agencies with regard to drugs and effects and their implication in the drug abuse problem were conducted.

The laboratory facilities have been over-taxed with much overtime work being carried on in the analysis of drugs. The hazardous chemical protection can only be measured by the application of one-half of an inspector's time for state-wide protection. This program is comparable to poison control and involves the Division, along with the pesticide registration work, in poison center and poison control problems.

For several years regulations have been in effect concerning surgical implants for medical device control and cosmetic product protection of the public, but due to the fact that the Division has not been able to obtain funding for these programs it is impossible to fulfill these responsibilities.

New areas of responsibility in regard to salmonella intoxication and other kinds of food poisonings continue to demand more attention, but because of inadequate staffing the Division has been unable to fulfill its responsibility to the public in this regard.

Laboratory analysis of narcotic and harmful drugs is occupying

full staff capabilities, and little time remains for carrying out responsibilities in regard to adulteration and misbranding of drugs in general.

Retail food stores are gradually becoming small food manufacturing operations, making ready-to-eat foods for the convenience of the housewife. This demands a greatly expanded program of protection in this area.

In the area of product safety the Division has been asked to cooperate with the Federal government. This will not be possible until such time as personnel are available.

The Division continues to use its efforts to provide for a safe and adequate milk supply. Fish inspection still constitutes a negative, since the program's transfer to this Division from the Department of Natural Resources has never been implemented with the staff that was recommended at the time of the transfer.

Plans are being developed for better management and supervisory control. The Division has closely evaluated its resources and has developed a program to most efficiently utilize the same.

BUREAU OF ENVIRONMENTAL SANITATION

Division of Sanitary Engineering

In April of 1969 the name of the Division was formally changed to the "Division of Environmental Health" as part of an extensive reorganization of the entire Department of Public Health. The change in name gives a measure of recognition to the fact that today's problems in the environment are all inclusive, inter-related and ultimately have to do with the health aspect of community living. The days have long passed when "sanitary engineering" was a sufficient term to adequately express the Division's involvements in the fields of water supply, water quality, air pollution, radiological health, community sanitation, disease vector control, shellfish sanitation, and most recently, noise pollution and electronic product surveillance. The Division is now undertaking to develop an internal organization and staffing to give proper recognition to the various aspects of environmental control with which it has a responsibility.

One of the continuing problems in the operation of the Division continues to be a lack in numbers of qualified people and sufficient budget with which to adequately fulfill not only its traditional responsibilities and duties but to effectively undertake the many new responsibilities which are being delegated to it in view of technological advances and population growth. Recruiting of both professional and clerical personnel has been particularly difficult. Also, there is a certain inflexibility inherent in the governmental structure which often prevents using the most efficient means of solving particular problems.

In the realm of air pollution control one of the major programs completed during the year was the "Special Report on the Investigation and Study of Air Pollution in the Metropolitan Air Pollution Control District." Legislation was enacted, Section 142D of Chapter 111, in this session to authorize the Department to create air pollution control districts on a state-wide basis. The Department also has been authorized to adopt ambient air quality standards. Air monitoring activities continued at various locations in the State.

The Division continued efforts in the area of radiological health. During the year several incidents involving radioactive materials necessitated the activation of the Nuclear Incident Advisory Team.

The activities of the Division in solid waste programs predominantly center around providing that the site for a dumping ground or an incinerator must be assigned for such purpose by the local board of health. The program has resulted in a decrease in the number of burning dumps and an increase in the number of sanitary landfills. Attempts continue to be made to promote the passage of legislation prohibiting and eliminating insanitary open-face burning dumps, encouraging the construction of more sanitary solid waste disposal facilities, and promoting more sanitary methods for the disposal of solid waste either in a community or regional program in the Commonwealth.

Two amendments to Section 150A of Chapter 111 of the General Laws

have been enacted this year. One provides for the Department, upon its own initiative, to make examinations and hold public hearings on the operation of dumping grounds or refuse disposal incinerators, whereas in the past such hearings were held on the basis of citizen complaint petitions; the other requires a 300 foot buffer zone from any dwelling house must be established from any site assigned as a dumping ground or site for refuse disposal incinerator.

By law the Department is required to review for approval the public health aspects of reports and plans for municipal sewerage systems and sewage treatment plants. Twenty-five reports and thirty-nine sets of plans were reviewed for approval during the past year.

The Bureau of Community Sanitation provides assistance relative to the interpretation and enforcement of all articles of the State Sanitary Code to local boards of health, code enforcement personnel, property owners and tenants. The Bureau is responsible for recreational camps, motels and mobile home parks. Migrant labor camps were inspected this year and extensive food sanitation surveys were conducted. Thirty applications for grants for rat control programs were applied for and eight were approved. The Bureau also supervised salt marsh mosquito control drainage ditches, green fly control programs, aquatic insect and weed control projects.

The Bureau of Water Supply and Water Quality assumes the responsibilities for all environmental engineering aspects and surveillance of some 350 municipal water supply systems. This year more than 25 new sources were evaluated and 15 major proposals for treatment, storage, and new plant construction were reviewed. The Bureau has continued the Division's program of inspecting and licensing approximately 1200 cross connections between public water supplies and non-potable sources.

The Bureau cooperated with the Metropolitan District Commission and the Division of Water Pollution Control in determining the effects of sewage discharged from the Deer Island and Nut Island Sewage Treatment Plants on shellfish harvesting areas in Boston Harbor.

Under Chapter 721 of 1968, chemical weed control programs were completed under the supervision of the Bureau in some fifteen great ponds at a total expenditure of about \$100,000. The Bureau has been hampered in its effort to conduct an on-going aquatic nuisance control program by virtue of the fact that the existing procedure for authorizing treatment programs for individual ponds by special annual appropriation provides no funds for an overall continuing program.

The basic work of the Lawrence Experiment Station consisted of the examination of the quality of public water supplies, examination of shellfish and overlying water for the classification and control of shellfish digging areas, air analysis for air pollution control, radiological examination of all types of water and polluted water in relationship to treatment, disposal and stream pollution classification and surveys.

Research activities were concerned mainly with the investigation of a direct count procedure for fecal coliform density in shellfish and overlying sea water and with the development of improved methods of analysis

for fluoride, nutrients, pesticides and lead. Many special analyses and laboratory studies were conducted involving bathing areas, background fluoride levels, weed control program, lead levels in urban air, Boston Harbor pollution, contamination of various brooks and ponds, stream pollution and waste contamination of surface and ground water supplies. The program for updating and developing instrumental and automated procedures to replace wet chemistry methods continues to occupy a great deal of effort in the chemical laboratory.

BUREAU OF HEALTH SERVICES

Division of Local Health Services

As in the past, the primary objective of the Division is to serve as a means for more effectively promoting and carrying on the programmatic activities and services of the Department.

During the past year the Division was primarily involved in the Departmental reorganization and the physical movement of the headquarters offices. As a prelude to reorganization and in implementing it, considerable staff time was spent in redefining objectives and the organizational structure of the Division. Responsibility for the Head Start consultation and evaluation service was transferred to the Division of Maternal and Child Health. Similarly the direction of the special project dealing with health services for migrant workers was transferred to the Division of Environmental Health.

With the inclusion of the Tuberculosis Control Program, initial steps were taken to decentralize some of its activities, starting in the Western Massachusetts Region and in the Southeastern Massachusetts Region. Hopefully, more progress along this line will occur during the coming year.

Nursing Section

A review of the activities for the past year reveals steady progress toward expected goals and purposes. There has been continuing efforts in the direction of building a basic organizational structure for the delivery of community nursing services. Improving the quality of services in all nursing agencies, but especially home health agencies, is a real concern of the Section.

This year the rules and regulations requiring public health nursing supervision in home health agencies became law and were later approved by Social Security Administration. This requires all home health agencies, being initially certified, to have nursing supervision and those certified prior to 1968 will be classified with a deficiency. Nearly all the agencies have made arrangements for nursing supervision. With the increasing use of personnel supportive to nursing, qualified nursing supervision becomes imperative.

The Section conducted a workshop for supervisors in home health agencies, the development and implementation of which was a joint effort between the Nursing Section and Boston University School of Nursing. Because of the demand for qualified supervisors under our regulations, this continuing education effort will need to be planned into the future to meet the demand.

There has been a marked increase in the development of additional therapeutic services in home health agencies. In one year, agencies with five therapeutic services have doubled. The lack of consultants from the State Health Department is creating a problem in the effective utilization of these therapeutic services.

A manual for nursing advisors in home health agencies was developed in order to have consistency in the procedure, and that personnel could be assigned outside of their region in case of personnel shortages.

Two publications were completed and distributed for use by nurses and board members. The Section participated in two studies in conjunction with the Office of Planning resulting in two publications.

There is a growing trend toward the development of Home Care Programs, with almost a fifty per cent increase noted this year. Several of these services provide nursing supervision to contiguous communities while there is a sharing of other therapeutic services, clerical and bookkeeping services.

The guides for employing school health aides have been revised for distribution. The demonstration project, funded during this year in Amherst for the use of school health aides, has exceeded expectations. As a result of this year's experience, a second school health aide is being employed. Demonstrations of the Amherst type are good visual evidence of how professional nurse manpower can be better utilized.

In cooperation with the Massachusetts Chapter of the American Academy of Pediatrics, Committee on Fetus and Newborn, a successful course in neonatology was funded. Plans are made to offer two more courses in the next fiscal year. The participants were the pediatrician and nurse as a team from five regional areas in the State.

The Nursing Section continues to work with the Nursing Unit of the Department of Mental Health, not only on educational activities, but on providing continuing patient care from the hospital into the community.

Future plans include implementation of reorganization plans, recruitment of more nurses, short-term training programs, and improved coordination of nursing services from hospitals, nursing homes and community nursing services.

Nutrition Section

Considerable time was spent in discussing plans for coordinating the nutrition component of the reorganization of State health regions. Methods of expanding the present system of providing direct health services were explored and budgeting such services was considered.

This year the need to feed low income families was the prime concern of both State and national legislation. The New England Regional Low Income Conference for nutritionists and allied health workers was held in October. One result of this conference was the formation of the Food Education and Information Committee in Massachusetts. The members are nutritionists, home economists, dietitians, educators, OEO personnel, welfare and citizen groups who are concerned with presenting an interpretation of the nutritional status of United States citizens to Federal and State legislators and others who may be interested.

The Massachusetts Legislative Research Council issued Senate

Report #1283 of 1968 on February 26, 1969 relative to State Programs for the Prevention of Malnutrition which reviewed present methods of increasing food intake and nutrition education for low income families. The Section gave extensive help in publishing this document.

The Food and Nutrition Associates continue to be an important means of keeping dietary personnel in hospitals and nursing homes informed of trends in nutrition and diet therapy. This year the attendance has grown at meetings, workshops, and courses. Food service directors and dietitians who have not had recent educational experiences and need re-training, and a few nurse-coordinators have attended. Functions of the Section in the regions is most important now because hospitals are extending their services into the community and wish guidance in planning out-patient nutrition services.

Focus on Nursing and Nutrition was published. The topic was health of pre-school children. Fifteen thousand copies were distributed to nursing and nutrition personnel in Massachusetts and other states. An extensive 15-page review of Allergy Diets was completed and distributed to key personnel within the State. The Section also assisted in writing and editing the Diet Manual of the Massachusetts Dietetic Association which will be published this fall.

The Regional nutritionists relate to the Visiting Nurse Association in providing some on-going staff education and nutrition guidance in patient care plans. This service is limited because of small staff. The nutritionist in Adult Health, Office of Health Research, and the Nursing Section surveyed 158 certified home health agencies this year. Plans are being made to explore the possibility of funding part-time nutritionists in agencies and developing Guidelines for Nutrition Services in Home Health Agencies and provide orientation and supervision for these nutrition consultants next year.

The Adult Health nutritionist, a member of the Kidney Disease Committee, planned and participated in a conference for dietitians working in Dialysis Units and Multidisciplinary conference for staff in these units. In July 1969 the American Dietetic Association announced its plan by which its members can become Registered Dietitians if they meet a five-year plan for continuing education. Five of the Section's nutrition staff will become Registered Dietitians.

It is anticipated that in the future the nutrition positions can be upgraded to the same level as other specialists with similar responsibilities, and some increased manpower in nutrition service to citizens by the acquisition of Assistant Public Health Nutritionists.

Public Health Social Work Section

This year approval was granted for the employment of four social work supervisors -- one in each of the regional health offices. Two of these positions have been filled to date. This affords the Department an opportunity to expand the social work role in the regional program, not only on a functional basis but also on a consultative basis.

This year a training program for social work assistants was conducted and was attended by social work assistants from the regional offices, public health hospitals, and selected social work assistants from extended care facilities. The faculty were members of the public health social work supervisory staff, and the meetings were chaired jointly by the Director of Social Work and the Social Work Consultant of the Maternity and Infant and Children and Youth Programs.

Under the leadership of the Social Work Supervisor of Adult Health and the Medical Social Work Supervisor of the Lemuel Shattuck Hospital, an all-day meeting was held of social workers involved in dialysis. The symposium attracted medical social workers from all of the Greater Boston hospitals involved in dialysis. This meeting will probably become an annual event under the aegis of the Department because it was so well received.

A meeting organized by the Social Work Supervisor of Adult Health was conducted on the subject of "Social Workers in Home Health Agencies" and brought together home health agency social workers from various structures and agencies. Representatives from the regional office of Health, Education, and Welfare, as well as from Washington, attended this meeting.

The reorganization of the Department has provided a new orientation and responsibility for the Director of Public Health Social Work by the elimination of the Social Work Section and by requiring that the Director be available, professionally, to all persons in the Department who perform social work functions. The new responsibilities offer a tremendous challenge to the Director

Regional Health Offices

Central District

In the area of sanitary engineering there were several pertinent developments in the last year: Westminster was added to five communities that fluoridate, and Worcester, Leominster, Westborough and Holden will soon follow suit. Worcester, New Braintree and Tyngsborough have converted their nuisance producing open-faced dumps to sanitary landfill. The Worcester Metropolitan Sewerage Study is progressing slowly, and a new consultant has been retained.

Nursing activities of the past year can best be described as consultation, education, orientation participation in community planning, and recertification of home health agencies. A substantial portion of the nursing advisors time was devoted to consultation visits to home health agencies, boards of health, schools and hospitals interested in developing hospital based home care programs.

Presently a supervisor and several public health nurses are offering services to nine families accepted into the Worcester Comprehensive Family Health Project. The Burbank Hospital Comprehensive Care Program has shown a steady increase in patients admitted to the program during the last six months. One of the nursing advisors has been elected to the Board of Directors of the Comprehensive Health Planning Council of Central Massachusetts.

In the realm of nursing education, six training sessions for school nurses were held -- the first three sessions exclusively for newly appointed school nurses and the last three opened to all school nurses. Requests for similar programs have been received.

Thirty-five re-survey visits were made to home health agencies, most of whom have correctable deficiencies. Problem areas continue to be related to supervision, professional advisors committee and evaluation.

In light of the future closing of the Worcester County Tuberculosis Hospital, the chief work this year was to strengthen the satellite clinics in the District. A future goal is to place tuberculosis drugs in the hospital pharmacies where satellite clinics are held. To date, drugs are distributed from the pharmacy at Worcester County Hospital.

A staff member attended a three-week course at the Rutgers Summer School of Alcohol Studies. A drop-in center has been initiated in Leominster for individuals with questions on personal or family problems due to alcohol.

The Central District continues to have a part-time social work supervisor. The Regional Coordinator has been inspecting, studying and evaluating Day Care services and providing consultation to local boards of health, other community agencies, and also individuals interested in Day Care services for children. It has been necessary to schedule an extra service for crippled children along with the three regular sessions due in part to the referral of new cases who were under private care under the Medicaid Program but who are no longer eligible after being re-evaluated.

Health education remains a major role of the Public Health Education Coordinator. She arranged the programs, meeting place and publicity for the six meetings of the Central Massachusetts Associated Boards of Health, and attendance and response was outstanding this year. The Health Educator from the Central District was coordinator of the Montachusett Opportunity Council's 21 summer head start schools, working with four generalists, a pediatrician and welfare and mental health workers.

Northeastern Region

Numerous in-service educational programs were carried out by representatives of the Northeastern Region this year.

The staff has worked closely with the two regional health planning councils and with the health task forces of Model Cities planning in Lynn and Lowell.

The nursing staff continued to work closely with local nursing agencies in their constant effort to improve the quality of nursing care, and assisted home health agencies in meeting all requirements for certification.

Most day care units in the region have been licensed except for

a few delinquents. Considerable time was allocated to various community groups that were studying day care needs and planning for future services. Six large communities having delegated authority for licensing were visited to discuss their status with day care and to interpret the philosophy behind licensing. It is suggested that day care licenses be granted for a two-year period and that if the licensing responsibility was essentially assumed by the State, more uniformity in licensing procedure would be attained.

The nursing advisors on the staff served as generalists in the summer and year-round programs. The nutritionist and the dental hygienist provided consultation on request.

Thirty-two communities participated in the infant home visit program conducted in the region. There was a favorable community response to the mumps vaccination program.

Future planning for regional office activities will depend on how much decentralization of program activities will take place; whether the State will assume full responsibility for the licensing of day care centers; to what extent the regional staff would assume a greater role in providing more direct service at the community level where no such services currently exist; to what extent the regional staff would continue to provide consultative services to regional health planning groups, to the health component of model cities task forces and special projects, e.g., Head Start, Maternal and Infant and Children and Youth grants and to what extent the regional staff can be expanded to meet the needs of such services and program planning.

Southeastern Region

The major activity of the nursing program again this year was consultation with 1) Home Health Agencies to prepare them for recertification under Medicare; 2) Visiting Nurse Associations and Home-maker Health Aide Services to work out the role of the nurse; 3) School Health and Head Start Programs. They also provided consultation to many Home Health Agencies in regard to possible regionalization and sharing supervision. In-service training programs for public health and school nurses were held. More are planned for the future.

The past year has seen much activity in the area of fluoridation. Many of the local boards are interested in fluoridation but do not know how to proceed. Many hours of consultation have had to be given to these boards. At the present time four communities, with a combined population of 125,000 persons, will be able to fluoridate as soon as their plans are approved.

Migrant labor camps have all been inspected and certified for occupancy. A Spanish speaking aide has been visiting all the farms to explain the medical component of the migrant program.

The Crippled Children Clinics remain busy showing only a slight decrease in the case load. Day Care Centers continue to be licensed, but it has been noted that some of the communities that are doing their own licensing are falling somewhat short.

Reorganization of the Regional Office has created a "togetherness" of the office staff. They have been working together in an attempt to delineate the felt needs of the region in regard to function, staff and budget. The consensus was that there be creation of a multidisciplinary team in order to treat the field of medical care as an integrated unit and to focus on the health needs of people rather than on agencies.

A close relationship has been established with the medical component staff of the New Bedford Model Cities and much consultation and advice have been given by the office staff. The staff has also taken an active involvement in the Brockton Mental Health-Public Health Center and have proposed what they feel should be provided by the Department of Public Health.

Western Region

The purpose of the regional office is primarily to supply good health practices of a varied nature.

Considerable time was spent in the last quarter discussing plans for reorganizing the health region. Emphasis was put on increased service for the communities and the providing of direct services where they are lacking. Personnel to carry out this expanded type of program and a budget were also drawn up.

The Pittsfield Health Department expressed interest in separating its functions so that those dealing with personal health could be carried out by the Berkshire Medical Center, and those dealing with environmental health be continued by the Health Department. An approach was made to this Regional Office for assistance in the planning and implementation of this proposal. Discussions were held in the Spring and decision should be taken early in the next fiscal year.

The Connecticut Valley Health Planning Council was created in November 1967 and was set up with a full-time staff in August 1968. The Council has undertaken some planning projects in the area, including a survey of the Western Massachusetts Hospital.

For more than a year, a group in Berkshire County has been trying to establish a Health Planning Council. Twenty thousand dollars was obtained from the Pittsfield City Council and the Pittsfield United Community Services with which consultant staff was obtained to do some fact finding and planning. Agreement was not reached on any definite plans so a new group has been formed to carry on with the idea of establishing a health planning body that could qualify for federal funding.

Western Regional staff is putting the grant request for the modified Pittsfield Maternity and Infant Care Project into final form for review by parties concerned. The primary objective is concerned with developing case finding techniques that will bring high-risk maternity patients under medical care early in pregnancy. Long range objectives include the development of an intensive care unit for high-risk infants and the provision of hospitalization when needed during pregnancy for multiparas with special problems.

Holyoke and Springfield have been funded for planning under the Model Cities Program and staff members have attended meetings in relation to the health aspects.

In the area of adult health, diabetes screening programs were conducted in eight towns and diabetes-glaucoma programs in six towns and at "Health Fair 1969" sponsored by the Hampden District Medical Society. During these programs 5746 people were screened for diabetes and 2064 for glaucoma. Cervical cancer cytology services to the female in-patients of four State institutions in western Massachusetts were initiated. Smears are to be taken annually from all eligible in-patients, and this service is also being offered to the institution female employees. To better acquaint the employees with the value of the offering of this service, the film "Time and Two Women" is being shown to them.

Wesson Maternity Hospital in Springfield was funded to supply comprehensive service to post-partum patients. The program is providing services of a physician director, Public Health Nursing Coordinator, Social Worker, and Clerk. The number of clinics available to the post-partum patient has been increased. Selected high-risk babies of clinic patients are being seen for an evaluation visit in the post-partum clinic prior to one month of age. The Western Regional Nursing Advisors and the Public Health Nursing Advisor Specialist from the Division of Maternal and Child Health have met with nursing personnel and assisted with the developing of job descriptions, clinic policies, and record forms for the collection of statistical data.

The Migrant Health Project began regional office operations in June. A Spanish-speaking assistant to the Coordinator of Health Education has been placed in the regional office. The Health Education Program has begun with the farm labor camps in the area, as well as the dissemination of information about the medical care program to growers and workers.

The activity to which most time has been devoted has been the radio program over WFCR-FM which is directed toward the Spanish-speaking migrant worker from Puerto Rico. The purpose of the program is to provide a Spanish language program with local news and information, as well as music and news from Puerto Rico, for the migrant workers. Health education material is also being incorporated into the program format. The radio program is the first of its kind in the valley and is also being transmitted to the Boston area.

BUREAU OF INSTITUTE OF LABORATORIES

Division of Biologic Laboratories

The Division of Biologic Laboratories exists to provide for the citizens of Massachusetts the finest biologic products available, not only in their actual preparation and the distribution, but in the constant search for improvements in their manufacture and utilization and for new products which will benefit the health of the citizens of the Commonwealth.

The major events involving the Division in 1968-1969 were in the areas of personnel, equipment, and product development or improvement. For the first time in 14 years the Biologic Laboratories has had a full-time Assistant Director. The more recent appointment of an Assistant Director for Blood Processing has permitted the complete staffing of the Laboratories at the professional medical level, a situation which has not existed for over a quarter of a century. The Director was awarded a World Health Organization Travel Fellowship to permit him to visit the National Laboratories in Sweden and Holland, their counterparts of the Massachusetts Biologic Laboratories, to review areas of mutual concern in biologics production, and to visit with the authorities in Great Britain responsible for the Anti-Rh Globulin Program, to study the methods by which the British carry out donor recruitment and stimulation, globulin preparation and distribution, and future plans for these programs.

The program in cooperation with the Maternity and Infant Care Project to produce anti-Rh globulin for distribution to mothers at risk of sensitization to the Rh factor, has proceeded well. An Investigational New Drug application has been filed with the National Institutes of Health and the material is now being administered under the study phase of this program. It is hoped that general distribution can begin within six months.

The Laboratories, in cooperation with several of the transplantation surgery units in the Boston area have developed new methods of purifying antilymphocytic serum to suppress the rejection response. The material produced here is used in the majority of transplantation operations carried out in the Boston area.

The Laboratories have succeeded in producing enough Tetanus Immune Globulin (Human) to permit discontinuing the distribution of the more dangerous horse tetanus antitoxin previously used in unimmunized persons for protection against tetanus. A further advance in this area has been the development of a volunteer program in correctional institutions of the State, under which individuals with high levels of tetanus antibody donate blood to the Massachusetts Red Cross Blood Program, permitting the plasma from these blood donations to be processed to a more highly concentrated tetanus antibody preparation. Production of this material has begun and its distribution should lead to greater acceptance of this preferable product.

The Laboratories have undertaken the study of methods for production of influenza vaccine. In the event of a future emergency, in which supplies of appropriate influenza vaccine are unavailable through regular commercial sources, the Laboratories will be prepared to produce additional supplies for use in Massachusetts citizens at high risk from the harmful effects of influenza. The Laboratories carried out a study, in cooperation with the National Institutes of Health, of the most effective size and timing of doses of influenza vaccine, and the best route of inoculation. These studies indicated that a small intracutaneous dose provides an effective means of antibody stimulation and these results will be used in formulating future national policies regarding the use of influenza vaccine.

The Blood Processing Section of the Laboratories has produced special globulin preparations from plasma pools of patients with known hepatitis, for use in studies of the effectiveness of gamma globulin in preventing transfusion hepatitis, and has fractionated plasmas collected in different types of anticoagulant to determine whether these new or modified anticoagulants affect the fractionation properties of the plasma. Plasma fractionation, under contract with the American National Red Cross, was at the highest level in the history of the Laboratories, and will result in a return to the State Treasury of nearly \$68,000. for the fiscal year.

The Laboratories were designated as the responsible testing laboratory for pneumococcus vaccine preparations. These will be used to study the effectiveness of vaccines in preventing pneumococcal illness in the elderly, under the direction of the National Institutes of Health. In cooperation with the Children's Hospital Medical Center, the Laboratories have made significant progress in the development of a vaccine for prevention of infections by Hemophilus influenzae, an organism causing serious disease, especially of the central nervous system in young children. Large-scale production and clinical testing of this material is projected to begin within the next six months.

The Laboratories have acquired a new freeze-dryer which will permit much greater efficiency in the plasma fractionation, and several new items of centrifuge equipment purchased under Federal grants, and items of surplus equipment from the Federal Government.

The Laboratories have decided to institute changes in packaging wherein previously color-coded packages will be replaced by a uniform package with blue print on a white background and bearing the State emblem. This decision was made to overcome the errors which have resulted from the reliance on color-coding to identify products for human injection.

Division of Diagnostic Laboratories

The objectives of the Diagnostic Laboratories are to perform diagnostic laboratory services for the detection, prevention, and management of communicable and certain other non-infectious diseases for physicians, hospitals, clinics and other authorized health agencies;

to investigate and establish new diagnostic tests as may be required for the continuing control of diseases of public health importance; to conduct disease surveillance programs as may be needed to monitor the occurrence of certain diseases in the Commonwealth; to establish and maintain periodic performance evaluations for the approval of local clinical laboratories and to offer training and consultative services for clinical laboratory personnel to help maintain a high caliber of laboratory services in the Commonwealth; and to provide for the availability of certain highly specialized or reference type diagnostic tests, either in the Diagnostic Laboratories or through Federal or other sources.

It should be emphasized that in recent years the traditional confinement of the Laboratories to the diagnosis of communicable diseases has been lifted to include the detection of certain metabolic disorders, several chronic non-infectious diseases and other areas, providing a broadened, balanced service capability. Surveillance of the quality of tests performed by local clinical laboratories certified under Medicare and enrolled in the Approval Program is a further activity increasing in scope and importance. The screening program begun in 1962 to detect inborn errors of metabolism, such as PKU and others, continues to expand and develop.

At the present time laboratory diagnostic service is now available for major respiratory, enteric and central nervous system diseases caused by viruses and related agents, and modern diagnostic services for the identification of causative organisms and toxins associated with food poisoning outbreaks are maintained, thus providing a basis for their prompt control.

A rubella control program presently provides facilities for serologic testing of potentially susceptible females and others for rubella antibody. Training has been given to local laboratory personnel in the proper performance of this test.

With the support of Heart Disease Control funds through the Division of Adult Health, a rapid diagnostic service for the identification of Group A streptococci based on the fluorescent antibody test has been made available now on a State-wide basis for four years, and for the first year since its inception the numbers of throat culture specimens did not show a dramatic increase over the previous year.

Laboratory Approval and Medicare Certification reports reveal continued progress toward increased proficiency of local clinical laboratories in the State.

The present scarcity of space greatly limits adding any new activities or expanding existing ones. There is an urgent need to develop centralized, common services within the structure of the laboratories. The introduction of modern business systems including data processing and automated information retrieval into the reporting systems would alleviate administrative problems.

BUREAU OF TUBERCULOSIS AND INSTITUTIONS

Division of Sanatoria and Tuberculosis Control

This year the Division moved closer toward its ultimate goals in the control and eradication of tuberculosis which are to develop measures designed to prevent infection of the people of the Commonwealth with the organism causing tuberculosis, to prevent active disease among persons already infected, and to insure that superior facilities and service are available for the diagnosis, treatment, and management of tuberculosis and other chronic lung diseases at the lowest possible cost.

The Division expanded its activities in the area of child-centered tuberculosis control. Some 400,000 Tine tests were distributed for the purpose of detecting tuberculosis infection. The Division made available, without cost, prophylactic INH for persons reacting to the tuberculin test and for whom prophylaxis was recommended. The Department adopted the statement on chemoprophylaxis of the National Tuberculosis and Respiratory Disease Association Ad Hoc Committee on chemoprophylaxis.

The Division provided 143,000 days of in-patient care of tuberculosis in five hospitals. The contract with one of the hospitals, Worcester County Hospital, was terminated. The cessation of in-patient care at this hospital represented another milestone in the control of tuberculosis in Massachusetts.

Some most significant innovations in tuberculosis care can be anticipated in the year ahead. It is proposed to begin the treatment of tuberculosis in about four general hospitals in Massachusetts and to actively promote ambulatory care with or without short-term hospitalization. It is also anticipated that at least two general hospitals will be involved with education and training programs for interns, residents, and other physicians. It is also planned to include nurses and other paramedical disciplines in tuberculosis control training programs in the future.

The Division provided direction, supervision, consultation, and financial support to fifty-nine out-patient diagnostic screening and follow-up clinics and to eleven laboratories in the Mycobacteria Reference Laboratory system.

All tuberculostatic drugs required by patients with tuberculosis were made available without cost to the patient by the Division. Substantial quantities of x-ray film, tuberculin testing supplies, examining capes and other clinical and laboratory supplies were provided by the Division; special laboratory and clinical and x-ray equipment not available from other sources was also provided by the Division.

Department Hospitals

Lakeville Hospital

The purpose of the Lakeville Hospital is the same as that of a

chronic disease hospital -- to care for patients, principally on a regional basis, although patients from all parts of the State are admitted. Oriented toward orthopedics, the hospital concentrates on the treatment of conditions such as congenital and acquired deformities in children, cerebral palsy, muscular dystrophy, arthritis in both adults and children, fracture cases requiring long-term treatment and rehabilitation. The primary purpose of this hospital is to provide rehabilitation by means of surgery as indicated, physiotherapy, occupational therapy, and training in the use of prosthesis. The hospital frequently serves as an intermediary way-station between the general hospital and the nursing home after maximal rehabilitation is accomplished.

A Resident Program in Orthopedics and a program for Licensed Practical Nurses are also conducted. The hospital provides treatment care for children afflicted with intractable asthma.

The functions of the hospital are carried out by a small resident staff augmented by a considerable number of visiting physicians who act in the capacity of consultants. The laboratory is supervised by a Board Certified Pathologist who performs autopsies.

Nurses and attendants are receiving in-patient training on a continuous basis and the trainees for licensed practical nurses are receiving organized instruction on a lecture and practical basis. A program of in-service training for all levels of nursing, as well as for all three shifts, is being conducted.

Changes of far-reaching importance took place the second half of the fiscal year. As emphasis is gradually changing from orthopedics to internal medicine, it is no longer feasible to participate in a training program for orthopedics, utilizing three residents in orthopedics. The operative material simply is not sufficient to satisfy the need of three orthopedic residents. It was decided to reduce the number of residents to one and to fill the two vacant positions with doctors trained in internal medicine.

Another rather important development was the project of starting a Dialysis Unit at the hospital.

With the completion of the new nursing home it will be possible to start a School for Licensed Practical Attendants. This school must be cleared through the Legislature and the Department of Education.

With emphasis on new programs, a system has to be developed whereby the doctors in the community and the surrounding hospitals are made aware of the hospital's shifted interest in internal medicine in order to get proper referrals. At the present time the hospital is overloaded with ultra chronic care patients who cannot be moved, either for social reasons or because of the total care they require.

Admissions during the year increased by 18%.

Massachusetts Hospital School

The Massachusetts Hospital School is two institutions in one -- a

hospital and a school. Formal education, vocational training and convalescence proceed together. Handicapped children of the Commonwealth between the ages of four and twenty years, who are mentally competent to attend public school, are eligible for admission for hospital care and educational training. Former requirement of a minimum expected hospital stay of nine to twelve months as a condition for admission of a patient was abolished this year.

Rehabilitation to the highest degree is the objective, and records show that from a sympathetic environment many of the students advance into the competitive fields of arts and sciences and professions. Nine students were graduated from senior high school and eleven from the junior high school program.

Since last year some thirty physicians of various categories have been added to the staff on a consultant basis. With the assistance of consultants sent by the American Academy of Orthopedic Surgeons, plans are being made for general overhaul of the training programs throughout the whole area.

During the summer the School conducted a day camp for underprivileged children from the Roxbury area.

Changes in the coming year include plans for a separate Quadriplegic Service, a Pediatric Service, a formal Out-patient Department for increased service to ambulatory cripples, expanded school opportunities, day school for crippled children, and possibly night or week-end school opportunities for others.

Personnel shortages hamper operations -- shortages of nursing personnel have prevented the opening of a twelve-bed nursery.

Pondville Hospital

Pondville Hospital was established to provide treatment for patients with cancer and allied diseases. In order to fulfill its purpose, Pondville carries out the following functions: in-patient and out-patient care, education and training, and research. However, a new concept is developing throughout the country whereby the hospital is one facility in providing comprehensive health care for the community and for service areas in which it is located. Pondville is seeking ways and means of fulfilling such a function which conceivably may be done through the Regional Medical Program. Progress was made on developing a program for obtaining a Regional Medical Program Grant to expand the activities at Pondville and to enable it to serve as a cancer center for Bristol County and other areas from which patients come to Pondville.

This year Pondville Hospital and the AFL-CIO signed a contract to cover personnel and administrative relationships during the period of the contract which will be two years.

Bids for the construction of the new hospital were opened and the Bureau of Building Construction is prepared to start construction in 1969. The new building will replace the existent 110 beds, plus an additional 30 beds.

The number of visits to the out-patient department continued to rise.

Research continues in the field of cancer immunology; vigorous efforts have been made to establish a Department of Medicine similar to the Department of Surgery; the Nursing Department continues to have serious problems in recruitment and retention of personnel; and the School for Practical Nurses is in danger of being terminated by the Board of Registration, mainly due to the lack of an adequate facility.

For the future, Pondville hopes to see a new hospital under construction, to increase its activities in developing a Regional Medical Program, and to expand research as new facilities become available.

Consideration is also being given at Pondville to opening an Extended Care Facility, either as a renovation of the existent Service Building after the new hospital has been placed in operation, or by the construction of a new facility for this purpose.

Rutland Heights Hospital

Rutland Heights Hospital is now almost four years old as a Commonwealth of Massachusetts institution, and it moves step by step toward the day when it will be a complete hospital-health center. Its primary mission is caring for patients with long-term illnesses. Emphasis is placed upon rehabilitation, utilizing a team approach.

Prevention of the chronic degenerative diseases by early recognition, through multiphasic screening of a health population group, was instituted on a trial basis, but had to be abandoned for lack of financing. Community involvement is constantly stressed. The hospital reaches out to become an integral part of the Central Massachusetts communities.

All the professional activities continue. Both the patient population and the number of retardates have increased. The hospital rendered more effective and better patient care this year. Patient-care days increased by 7523. Complete preventive and therapeutic health care, housing and vocational opportunities were given to 89 mental health trainees -- double the number for the previous year.

The affiliate Licensed Practical Nurse training continues and an increased number of student nurses receive orientation in rehabilitation nursing; an intramural training program for attendant nursing continued based on 14 weeks of formal training.

Vocational training for the retardates has been carried out in nursing, dietetics, maintenance, and supply activities. During the year a number of the Neighborhood Youth Corps trainees from Fitchburg were assigned for similar vocational preparation. These groups have demonstrated the feasibility of training people for the hospital industry without high basic scholastic achievement. Several of the trainees are now fully employed at the hospital or in outside health care institutions.

A great deal of maintenance work has been completed by the Engineering Service, including the resurfacing of all roads, the construc-

tion of a new parking lot, a new housekeeping department, several two-room living quarters made out of small cubicles, and a recreational patio for patients. A new pharmacy, an enclosed stairway in the Administration Building, and several fire escapes were completed. Also new emergency lights and a fire alarm system were installed within the Administration Building.

The belief is held that the hospital should be considered a health care institution rather than a patient care institution. Consequently, the support of an out-patient activity, with multiphasic screening for the semi-rural population of this area is urged.

Alcoholism is one of the major health problems. It is suggested that a comprehensive alcohol program be instituted.

It has been proposed that in the future the wards not now in operation be staffed and opened. A supplementary budget request for this has been submitted.

Tewksbury Hospital

Tewksbury Hospital, founded in 1852, provides care for chronically ill patients, including domiciliary and terminal care.

Dedication of the new hospital building was held in June of 1968.

A grant of \$7500. was received for the purchase of books and related materials for the patients' library. With the assistance of members of the staff of the Bureau of Library Extension, the books, equipment and supplies were selected. These improved library services will make an impact and demonstrate the value of libraries to the program of rehabilitation and training of patients.

Plans for the two 300-bed wings to be added to the new hospital building have been completed and bids should be submitted in the near future; an appropriation for plans and specifications for the new nurses' home has been requested and hopefully will be in the capital outlay; plans have been completed for the renovation of the domestic building to modernize the food service facilities for more efficient feeding of patients; appropriation has been received for the new water supply and pumping station; and a study has been completed by the Bureau of Building Construction for new power units and related building improvements.

Thirty-seven theological students attended a program of Clinical Pastoral Training for three months. These students are under the instruction of the chaplain and serve, under supervision, on the wards for the first ten days of their stay. They work and minister on the grounds for 12 weeks, attend lectures at Boston City Hospital, and conduct religious services.

Tewksbury Hospital is now the Terminal Service Center for the Personnel-Payroll Audit and Information System. This entails the transmitting of information and the operation of the Teletype System and Data Processing for the hospital, as well as for several other institutions.

Five licensed practical nurses are taking a two-year course at Northern Essex Community College toward an Associate Degree and certification as registered nurses.

Admissions to the hospital increased this year. The waiting list is the highest ever, generally taking from two to three months for a patient to be admitted.

The lack of nursing positions is acute because of the ever-increasing number of total-care patients. Most of the admissions are terminal cases. With the opening of the new hospital in the near future, several new positions are being requested.

Western Massachusetts Hospital

The Western Massachusetts Hospital functions not only as a hospital with designated services for cancer, tuberculosis and chronic pulmonary diseases, but also provides extensive out-patient services in these fields. It serves as a public health center for the four western counties of the Commonwealth, providing an extensive and highly important community health service in tuberculosis control and special clinical laboratory services available to the physicians and hospitals of western Massachusetts. Recently it has assumed an increasing role in the early detection of cancer of the breast and of the cervix uteri.

In the Cancer Division the level of activity was slightly lower than that of fiscal 1968, with a slight decrease in the total number of patient admissions. Readmissions continue to constitute a large proportion of all admissions to this division. Out-patient activity was somewhat reduced. As a result of the necessity for replacement of the cobalt source, and the necessary mechanical adjustments to the equipment, cobalt therapy service was suspended during the last two months of this reporting period; however, the cobalt source is being renewed and mechanical corrections made so that cobalt therapy service can be reactivated in the near future.

The Residency Training Program in surgery is one of only three such approved programs in all of western Massachusetts. In February 1969 the Conference Committee on Graduate Education in Surgery extended approval of Western Massachusetts Hospital as offering additional training following the completion of an approved residency.

Two semi-annual Cancer Teaching Clinics have been conducted under the auspices of the visiting staff of the Cancer Division. Additional work has been accomplished in this hospital in lymphangiogram, the radiographic study of the lymph channels and nodes. A Cancer Detection and Breast Self-examination Program was conducted at the hospital in cooperation with the American Cancer Society and the local Westfield Womens Club. A great forward step has been made in the development of a cervical cancer detection program, and at the present time the hospital is providing this service to in-patients and employees of four State institutions in this area. It is envisioned that the cervical cytology program and breast cancer case-finding program will be combined into a single cancer detection program.

The hospital remains the center for the control of tuberculosis in western Massachusetts. The present bed capacity for tuberculosis patients is 65. Drug therapy remains unchanged, and chest surgery for the tuberculous patient remains at a minimum. The out-patient service remained active, not only in the control of tuberculosis but also as a screening clinic and as a consultation clinic for patients with other chest diseases.

The volume of diagnostic x-ray on both the cancer and tuberculosis services is very little changed from the previous year. Radio-isotope services, which has not been available in this hospital, will be provided for under a program of modernization.

The clinical laboratories of the hospital continue to provide a broad range of services for both in- and out-patients of the hospital. Additional laboratory equipment has been provided to upgrade the facilities of the laboratory and to improve service, and additional equipment is anticipated in the near future.

The School for Practical Nurses has an authorized enrollment of 60 students. Two classes are admitted annually. During the past year, 47 students were admitted to the school and 22 student practical nurses graduated. Among this number were three men students, the first to be graduated from this school. An important change in the program of the school during the past year was the establishment of a four-week affiliation in acute medical-surgical nursing at the Noble Hospital in Westfield. Under discussion for the future is a proposal to change the present 15-month practical nurse program to 12 months, with the possibility of accepting one class of student practical nurses per year instead of two. The Department of Nursing has additionally undertaken a very considerable program of post-graduate education for nurses.

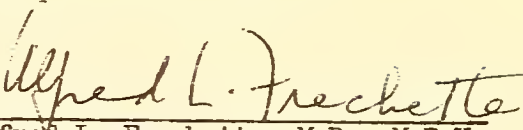
The Social Service Department functions as an integral part of the hospital team. The department provides consultation services to public and voluntary agencies in the community, working closely with them on cases of mutual interest and responsibility. The difficulty of obtaining adequate nursing home placement continues to prolong the hospitalization of many patients. There is an additional problem of patients who have exhausted their Medicare benefits. They are not accepted for nursing home placement unless eligible for Medicaid or where there are sufficient resources to meet total cost of care. The Social Service Department is currently exploring the use of private homes to take selected patients on an adult 'foster home' arrangement. The homes are visited and evaluated in terms of the family's ability to understand and accept the patient and an opportunity is provided the patient to meet the family and view the accommodations.

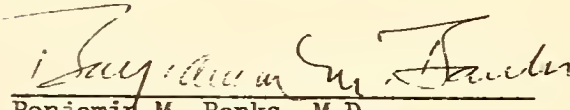
The major need of the hospital is for a modern addition of approximately 100-bed capacity, the renovation of the existing hospital, and the upgrading of diagnostic and treatment equipment of the hospital. Projected improvements in the equipment in the X-ray Department will improve service but cannot take the place of a modern, well-designed x-ray unit. Provision must also be made for isotope service.

Another need is for a suitably equipped intensive care unit. This is essential for the proper care of the post-operative patient and other seriously ill patients.

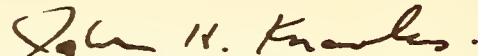
A hospital of this type offers a singular opportunity for the installation of a program of preventive medicine through multiphasic screening. This service could be offered to population groups on a scheduled basis in order to make maximum use of space, equipment, and technical and medical personnel.


Respectfully submitted,


Alfred L. Frechette, M.D., M.P.H.
Commissioner of Public Health


Benjamin M. Banks, M.D.

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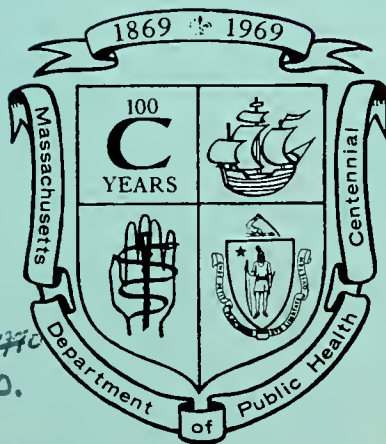

Samuel Kovner


Ralph E. Sirianni

John P. Rattigan, M.D.

PUBLIC HEALTH COUNCIL

MEETING the CHALLENGE



MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH,
Report of the Commissioner, 1969-1970.
Annual Report, FY 1969-1970.

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CHANGE and CHALLENGE

In 1869, the General Court of Massachusetts passed an enabling act to establish the Massachusetts State Board of Health. The law read in part:

"The board shall take cognizance of the interests of health and life among the citizens of the Commonwealth. They shall make sanitary investigations and inquiries in respect to the people, the causes of disease, and especially of epidemics, and the sources of mortality and the effects of localities, employments, conditions and circumstances on the public health . . ."

One hundred years later, this statement of purpose remains unaltered, merely updated and more succinctly expressed as the basic goal of the Department of Public Health:

"To maintain, protect and improve the health and well-being of the people."

Public health, however, cannot remain static. The advances in knowledge and technology are accelerating at an unprecedented pace, matched by increased demands for health care by a population more sophisticated and better informed than were their forebears.

The Department has been intensively reexamining its role in the changing scene of health needs, services and distribution throughout the Commonwealth. Eradication of infectious diseases, the introduction of simple sanitation, these are no longer the main preoccupation of the Department. How to provide a more equitable distribution of medical care, how to combat the increasing pollution of the environment, how to increase research in chronic diseases, how to overcome the critical shortage of health manpower and facilities, how to provide comprehensive health care in the community — these are questions that grow more persistent and call for solutions as the Department enters its second century.

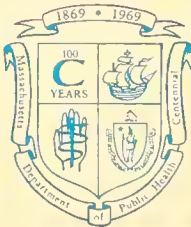
To achieve its objective and to become more responsive to the present and future needs and demands of the people in the Commonwealth, the Department established six specific goals:

1. To protect the public from infectious agents, injurious substances and practices likely to have a damaging effect on health.

2. To assure that each individual receives appropriate preventive, therapeutic and rehabilitative services of high quality.
3. To achieve and maintain an environment that is optimal for health and well-being.
4. To instill and to reinforce the responsibility of the individual in the preservation of his own health and well-being and that of his fellows.
5. To assure the continuing expansion of knowledge about the factors determining health and well-being.
6. To foster a healthy society.

As a major step in the implementation of these goals, the Department undertook a complete reorganization of its structure, which was approved by the Public Health Council on April 8, 1969. Although a new structure per se does not guarantee effective programs, it does lay the foundation for the development and carrying out of such measures.

This 56th Annual Report is a brief accounting of the activities of the Department of Public Health for the first full year under the new plan of operation.



1969-1970 A YEAR OF CHANGE HIGHLIGHTS

CENTENNIAL CELEBRATION

June 1969 marked the 100th anniversary of the Massachusetts Department of Public Health, the first modern state health agency in the nation. One of the high points of this significant event was the Commemorative Session, July 11, 1969, when Centennial Awards were presented to outstanding leaders in health and medicine who have made an important contribution to world health.

WORLD HEALTH ASSEMBLY

The Centennial Celebration was honored by the meeting of the 22nd World Health Assembly, July 8-25, in Boston, when the Department played host to delegates from 131 member nations of the World Health Organization, the health branch of the United Nations. The international gathering had been invited to Massachusetts by the United States Government.

SEP 02 1971

STATE HOUSE, BOSTON

MASS OFFICIALS

**REORGANIZATION
OF THE DEPARTMENT**

Cognizant of the need to prepare itself to meet the challenges of the second century, the Department reorganized its structure into seven divisions, a change that will make the work of the Department less cumbersome and more efficient. Although the Department began operating under the new plan on April 8, 1969, its budget is still determined under the old form of organization.

CHANGE OF ADDRESS

Having outgrown its crowded quarters at the State House, the Department moved down from the Hill to the center of intown Boston at 600 Washington Street. Many divisions, however, still have their offices in buildings scattered throughout the area.



Ground breaking ceremonies,
new Diagnostic Laboratory.

NEW BUILDINGS

Pondville Hospital, the first state-operated cancer hospital in the country, will have a new hospital ready for occupancy in the latter part of 1971. Ground breaking ceremonies for the \$8 million facility, which will provide 140 patient beds, took place on October 22, 1969.

Governor Francis W. Sargent was the guest speaker at ground breaking ceremonies for the new State Public Health Laboratory building in Forest Hills on December 17, 1969. The \$15 million Diagnostic Laboratory, scheduled for completion in mid-1972, will replace a structure that was built in 1867.

Dedication ceremonies for a new high school building at the Massachusetts Hospital School in Canton were held on May 17, 1970. The Brayton High School, named in honor of Margaret Brayton, Ed.D., Principal, was designed to accommodate physically handicapped children, especially those confined to wheelchairs or bedcars.

Ground breaking ceremonies for two 300-bed wings to the Tewksbury Hospital were held on June 17, 1970. The new main building with 600 beds was made ready for occupancy on October 14, 1969. Completion of the 1,200 bed facility in the spring of 1973 will make the Tewksbury Hospital one of the largest and most advanced chronic disease hospitals of its type in the nation.

NEW FACILITIES

The Division of Food and Drugs held open house in their \$250,000 new laboratory on the seventh floor of the Washington Street building in June. Two new pieces of sophisticated equipment were on view: an infra-red spectrophotometer and an atomic absorption spectrophotometer.

The Virus Laboratory, an important section of the State Laboratory Institute, is also housed on the seventh floor, having moved into more spacious facilities than those it occupied at the Harvard Medical School.

NEW PROGRAMS

At the Lakeville Hospital, a Residential Asthma Program treats children with intractable asthmatic seizures. Seven children ranging in age from 5 to 16 years were admitted to the program, the only one of its kind sponsored by a state-operated hospital in the country.

The concept of Lakeville as a Regional Health Service Center devoted especially to comprehensive rehabilitation was presented and approved at a public meeting on January 17, 1970. The hospital is functioning as a regional center in the Department's Renal Dialysis Program.

Massachusetts Hospital School, a unique residential facility that is both hospital and school, had its highest census in 20 years — 165 patients.

Its Orthopedic Residency Program was approved by the Joint Commission on Accreditation of Hospitals.

During the year, 32 practical nursing students from the Chelsea Soldiers Home and Pondville Hospital received their pediatric training in a six-week program at the school.

Pondville Hospital established a Speech Clinic for patients who had had their larynx removed because of a malignancy. Since its inception this year, 17 patients have attended the clinic.

Pondville has taken the initiative in developing a regional cancer program for southeastern Massachusetts, using the Hospital as the center.

Rutland Heights Hospital initiated a Comprehensive Care Clinic for outpatients on April 2, 1970. The number of complete multiphasic examinations given in the initial two-month period totaled 88.

Rutland also opened a 40-bed section for the care of alcoholic patients, both men and women, and offers a program of comprehensive care and vocational rehabilitation.

Lemuel Shattuck Hospital received equipment from the Renal Dialysis Program for the processing of washed frozen blood for transfusion. The hope is that this process will reduce the problem of hepatitis in dialysis patients.

Children in Residential Asthma Program, Lakeville Hospital.



Encephalitis Control Program, Virus Laboratory.



Brayton High School, Massachusetts Hospital School.

Tewksbury Hospital, in its school for the training of practical nurses (60 students), is now offering a 12-month curriculum instead of the previous 15-month course of study. The program has been approved by the Board of Registration in Nursing.

Western Massachusetts Hospital maintains the only maxillo-facial prosthetic and reconstructive service in western Massachusetts. Through its enlarged cancer service, it has organized several programs for the early detection of cancer of the breast and of the cervix. It is providing a service for the detection of cervical cancer for all women inpatients and employees, 20 years of age and older, at the Hospital and three state psychiatric institutions, Belchertown, Monson and Northampton.

The Division of Family Health Services opened its preschool program for handicapped children at the Dimock Street Health Center in Roxbury on November 19, 1969. By December, six children were coming to school every day. Full enrollment, it is anticipated, will be 40 children.

During the summer, the Division provided a camping experience for older handicapped children at its Canton Camp. In the first of three two-week sessions, 30 children enjoyed a whole range of camping activities — arts and crafts, archery, boating, basketball, football and other games. Enrollment for the next two periods was expected to double.

Project Cope (Care of Pregnancy Early), sponsored by the Pittsfield Children and Family Services and the Pittsfield Visiting Nurse Association, is funded by the Department. Thirty-two referrals were made to the project between February 1 and May 1, 1970. Its goal is "developing a case-finding and follow-up program in the Central Berkshire area that does identify high-risk maternity patients early in pregnancy and guides them to existing agencies providing health, education and welfare services."

The Office of Manpower Development and Training was involved in the coordination of three summer work programs: the Apprenticeship Training Program for Medical and Dental Students, the Department of Community Affairs' Public Service Program for college work-study students, and the Action for Boston Community Development Summer Work Program for youths aged 13-21 from low-income families.

One of the Office's outstanding programs is the training of day care teachers at Boston's Castle Square Day Care Center. Begun as a six-month program in April 1969, it graduated two students in the first class. The course has now been extended to one year and has an enrollment of 20.

The Office of Health Research helped set up a New England Regional Center for Health and Demographic Statistics to develop uniform data and coding methods

among the six New England States. Through the Center, the states will be able to share knowledge and information at a lower cost.

The Office is helping the Department automate its data gathering and use programs. Several programs are in operation for: pesticide control, water cross-connections and the evaluation of the inpatient load of each Public Health Department Hospital. An evaluation of the Massachusetts Hospital School Program through a follow-up study of its graduates was begun at the end of the fiscal year, to be completed by September 1970.

The Fluoridation Project carried out a public relations campaign to bring the Department's position of approval of fluoridation to communities in the state. In the past year, 49 communities ordered fluoridation. Of these, 26 communities with 161,663 residents began fluoridating; 14 communities with 486,099 residents will begin within the next few months. In the remaining communities with a population of 454,855, funding sources are being generated by local government.

The Metabolic Disorders Laboratory of the State Laboratory Institute initiated a program for the earliest detection of a congenital metabolic disorder, galactosemia. The program is carried out with the cooperation of all hospitals and maternity sections, which furnish samples of cord blood as soon as a baby is born.

NEW SERVICES

The members of the senior advisory staff of the Division of Biologic Laboratories of the State Laboratory Institute are available on a 24-hour basis to practicing physicians in Massachusetts. Staff members are able to explain the actual techniques for applying immunization practices and for handling special situations, especially emergency reports that concern desperately ill patients.

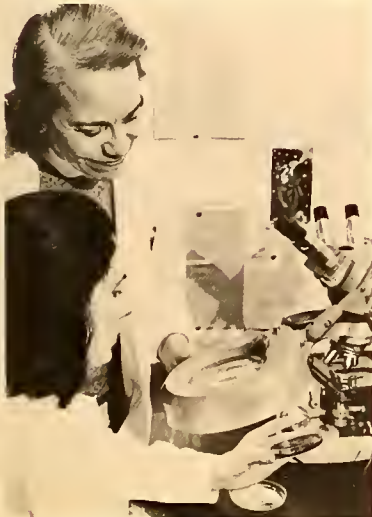
The Biologic Laboratories initiated a service to assist physicians in the differential diagnosis of jaundice and infectious hepatitis. The serologic tests identify persons who are carriers of the infectious particle even though they are not clinically ill.

The Office of Health Research supplies information to persons engaged in research and planning. From February through June 1970, it answered 140 requests from professional and lay persons on a wide range of subjects.

Training Program, Public Health Nursing Section.



Fluoridation exhibit, Massachusetts Dental Society Annual Meeting.



Diagnostic Laboratory personnel examining cultures for streptococci.



PRESERVING the ENVIRONMENT

Dwindling water supplies. Mercury in waterways. Smog over Boston. Mountains of solid waste material. Contaminated shellfish beds. Increased sources of radiation. These are some of the problems faced daily by the Division of Environmental Health at a time when concern over protecting man's surroundings grows more acute.

To permit more effective function of its activities in controlling pollution of the air, water and land, the Division set up six bureaus with specific tasks in these areas.

Water Supply and Water Quality

Responsible for the environmental engineering aspects and surveillance of approximately 350 municipal water supply systems, the Bureau of Water Supply and Water Quality approved ten new sources of water supply and approved plans for water treatment, storage and additions in 15 other communities.

To maintain the purity of the State's drinking water, the Bureau updated basic data on municipal water supply systems and transferred the information to a computer system for easy referral. It intensified its analyses for sodium content of drinking water samples of all public water systems, and notified local boards of health in 63 communities where the sodium ion content was in excess of the safety limit. Steps were taken to remedy the situation.

The Bureau carried on a continuing program to protect the public from diseases associated with bathing in polluted waters. As a result of its samplings and sanitary surveys, Tenean Beach and Point of Pines Beach were closed to the public until steps were taken to remove the causes of contamination.

To insure a suitable bacterial quality of shellfish that reach the public and to prevent diseases such as hepatitis, typhoid and gastrointestinal disturbances, the Bureau

carries out sanitary surveys, classifications and reclassifications of over 40,000 acres of shellfish beds along the Massachusetts coast. All contaminated areas are posted, and the Newburyport Shellfish Treatment Plant is inspected monthly to assure proper operation of its purification program.

While concern mounts over the widespread use of herbicides and pesticides, the Bureau is working on a cooperative study with the Division of Fisheries and Game, Division of Marine Fisheries, and the Plymouth Board of Health to determine the use of herbicides in the control of aquatic nuisances, their effects on fish life and the flora and fauna in a treated body of water. Other programs include: approval of all applications for use of herbicides in the waters of the Commonwealth; recommendations to cities, towns and lake officials for the control of nuisance aquatic vegetation.

Open burning. Now banned.



New incinerator at Braintree.



Calf Pasture Dump, Boston.



Community Sanitation

Solid waste management is a growing concern of this Bureau, which examines all proposed and existing sites and facilities for the disposal of solid wastes, gives advice to municipalities, holds public hearings and recommends appropriate action. During the past year, the Bureau sent official communications to 57 communities. Hearings on sites for solid waste disposal were held in 14 communities; in five cases, the problems were referred to the Office of the Attorney General for legal action.

The Department is continuing its study to determine the present practices and programs of solid waste collection and disposal in the Commonwealth and to develop a comprehensive plan for control. To date, approximately 300 of the 351 cities and towns have been surveyed.

Another facet of the Bureau's work is to review for approval the public health aspects of engineering reports and construction plans for municipal sewerage systems and sewage treatment plants. In the past year, it reviewed 43 reports

and 50 sets of plans, a 50 percent increase over the previous year.

The system of disposal of any liquid waste discharged into the ground must receive the approval of the Department. This activity, which involves 50 percent of the regional offices' workload, requires a random inspection and sampling of every waste treatment facility at least once a month. A follow-up program of advice and recommendations aims to assure proper operation and maintenance of these facilities.

To assist local boards of health and code enforcement personnel, the Bureau's staff offers counselling and courses in understanding the enforcement sections of the State Sanitary Code.

The inspection of all farm labor camps and their certification prior to their use by migrant farm workers is another responsibility of the Bureau.

A specialist in insect and rodent control works with local boards of health and the general public in the control of midges, flies, mosquitoes, roaches and other insects. A rat control program in eight communities was carried out with State funds.



Air Use Management

The past year has been a particularly busy one for the Bureau of Air Use Management, formerly called the Bureau of Air Pollution and Radiological Health. The obvious effects of pollution in the atmosphere created an outcry from an aroused population for measures to control the main sources of pollution.

The Bureau drafted Ambient Air Quality Standards for Sulfur Dioxide and Total Suspended Particulate Matter, and Regulations for the Control of Air Pollution in the six new Air Pollution Control Districts of the State. After lengthy public hearings, these Standards and Rules and Regulations were adopted to become effective in July and September 1970.

The Air Pollution Control Districts work to prevent pollution or undue contamination of the atmosphere through routine surveillance at established smoke observation stations and evaluation of visible emissions; through plant surveillance; by recommending and supervising immediate practices. Areas of open burning are routinely patrolled by the Bureau, which coordinates its

activities with local police, fire, health, public works and conservation agencies. Since the inception of this program, there has been a reduction of about 90 percent in open burning.

The activities of the combustion engineering program against some of the major industrial sources of air pollution have produced the following corrective measures:

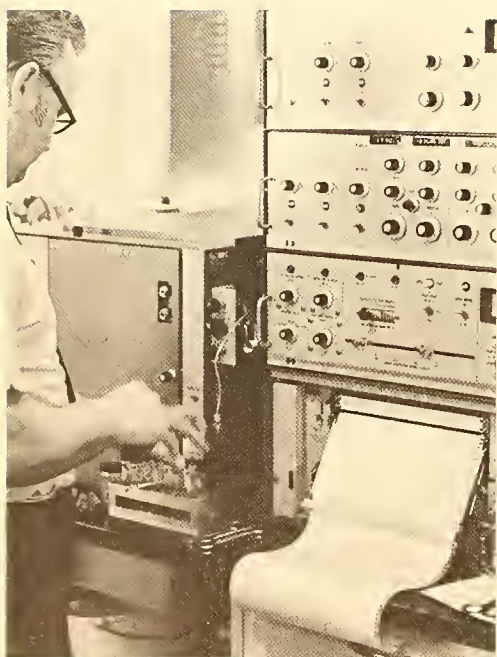
- Canal Electric Engineering Company will install an electrostatic precipitator at its electric generating station to remove smokestack gas particulates.
- Boston Edison Company will install a wet scrubber system at its Mystic Electric Generating Station to remove sulfur oxide and particulates.
- New England Electric Company will install an electrostatic precipitator and tall stack at its Salem power plant and maintain precipitators at Brayton Point station for particulate control.

An expanded program of activities in all aspects of air pollution control, with special emphasis on industrial pollutants, will go into effect in 1971.



Measuring devices on roof of mobile air pollution control trailer.





Scientist using gas chromatograph at Lawrence Experiment Station to detect presence of pesticides.



Testing water samples, Amherst District Laboratory.

Environmental Health Laboratories

The Lawrence Experiment Station and three district laboratories — at Amherst, Lakeville and Tewksbury — provide the laboratory services for the Division of Environmental Health. In effect, they are the guardians of the population's health and the watchdogs of the environment. The number of samples tested during the past fiscal year give an indication of the work load placed upon the six laboratories at the Lawrence Station by the monitoring requirements of the engineering sections:

Bacteriological	17,093
Chemical —	
Water Supply	7,484
Chemical —	
Water Pollution	2,674
Biological	546
Air Analyses	3,258
Radiological Health	1,872
	<hr/> 32,927

Research activities and special studies at the Lawrence Experiment Station, as important as the routine analyses, were greatly expanded by the appointment of a Director of Environmental Health Research. Before the problem of mercury poisoning had become a matter of public concern in the mass media, the scientists at Lawrence had devised a simple yet efficient method for the recovery of mercury from laboratory wastes. Information on the process went out to physicians, schools, hospitals, laboratories and private industry throughout the state, as well as to the Federal government.

Environmental Radiation Control

Since the number of environmental problems created by sources of man-made radiation and emissions from electronic products has steadily increased, the Division considered it imperative to establish a Bureau of Environmental Radiation Control. This new Bureau coordinates the activities in radiological health with the other Bureaus and with other agencies in the field, such as the Northeast Radiological Health Laboratory of the Public Health Service.

Technological advances in the foreseeable future, plus an expanding population, require continuing education and programs in ecology if man is to survive in increasingly hostile surroundings. The Department has, as a result of the widespread interest in protecting the environment, been able to recruit several well qualified applicants to work in the Division of Environmental Health. Many vacancies, however, still exist in key positions.



Radiological Control Laboratory.

PROTECTING the INDIVIDUAL

The increasingly complex aspects of modern society demand a comprehensive approach to the health and well-being of the individual. Historically, the Department of Public Health provided, through its seven Public Health Hospitals, inpatient care to individuals in the Commonwealth who could not receive care elsewhere. Today, the emphasis is on more direct services through contracts, the development of outpatient care, ambulatory units, the organization and implementation of special programs, strengthening the capability of local health units to develop community health services, and the introduction of comprehensive health programs in the community.

Some of these activities are carried out through specific divisions of the Department; others, in the Department's general approach to public health.

MEDICAL CARE

The Department assures the citizens of the State safe health care through its programs of standard setting, inspection, licensure and review. The Division of Medical Care is responsible for the establishment of quality control and utilization, and the development of resources in a health care system that includes:

- 201 licensed hospitals with approximately 38,000 beds
- 678 nursing homes with approximately 34,566 beds
- 280 rest homes with approximately 6,020 beds
- 17 other medical institutions with approximately 1,124 beds
- 205 home health agencies
- 109 blood banks
- 91 laboratories participating in Medicare
- 257 certified ambulances.

FAMILY HEALTH

Improved health services to mothers and children in the Commonwealth are an important aspect of the Department's total effort to foster a healthy society. Through the Division of Family Health Services, it carries out many projects that range from prenatal care to services for handicapped children under the age of 21.

The Maternity and Infant Care Project for women and newborns in the City of Boston is administered by the Department, which contracts with five of Boston's major teaching hospitals to provide services for nine satellite clinics. These clinics offer high quality comprehensive prenatal and postpartum care to mothers who constitute a high risk from a medical or socio-economic point of view. All clinic services are free.

Through the Children and Youth Projects, medical and dental screening, diagnosis, treatment and preventive services are made available to preschool or school age children and youth.

Other projects aim to locate handicapped children at an early age so that they may have the opportunity to develop to their greatest potential. In this category are children with orthopedic or plastic defects, cardiac conditions, chronic diseases such as cystic fibrosis, nephrosis, endocrine disorders, PKU and other congenital errors of metabolism, hearing and visual disabilities.



Diabetes Screening Program.



Children at play, day care center.



COMMUNITY HEALTH

Providers of health care throughout the state receive supportive services through the Department's programs in laboratory services, throat culture examinations, tumor diagnosis, cytology studies and the loan of vision and hearing equipment. These and other health services are the responsibility of the Division of Community Operations, which carries them to the consumer at the local level through its four regional offices.

The licensing of day care centers and nursing homes, planning of Headstart, Model Cities and Migrant Health programs, the collection and interpretation of epidemiological material, nursing, nutrition, dental and social services, and the application and regulation of the State Sanitary Code and Food and Drug laws, all fall within the province of the regional health offices. Only a few activities of each district office can be mentioned:

- *Central District* — Regional nursing services were developed for the Athol-Orange Community Health Service, the Wachusett Home Health Agency and the Burbank Hospital Home Care Program.

As a result of the Adult Health Programs, 2,117 Athol and 610 Southbridge residents were screened for diabetes. Waterborne outbreaks of hepatitis were investigated and brought under control in Grafton and Worcester.

- *Northeast District* — Four hospital-based Coordinated Home Care Programs are functioning in the region, including Peabody, Melrose-Wakefield and Stoneham, with an additional program sponsored by the Lowell Visiting Nurse Association.

A treatment center for migrant workers was established at Chelmsford. Three bilingual individuals joined the regional staff to operate this program.

- *Southeast District* — Reorganization and planned expansion of the services for handicapped children continued to be a high priority.

The regional staff has been active in planning the health components of the Fall River and New Bedford Model Cities Programs, and in planning meetings for the Brockton Multi-Service Center.

- *Western District* — Fifteen new Day Care Services were opened in the region to make a total of 62 now licensed.

Through the Throat Culture Program for the prevention of rheumatic fever, the laboratory at Amherst performed 39,513 cultures for group A beta-hemolytic streptococci.

To guarantee the most effective delivery of health services throughout the state, the Department plans to modify the present four regional offices into seven regional areas to coincide with the seven regions of the Executive Office of Administration and Finance.

Recreational program for children with asthma and other respiratory illnesses.



Western Massachusetts Public Health Center, Amherst.



Tuberculosis, Still A Danger

Tuberculosis is still a dangerous disease in Massachusetts despite the availability of therapeutic drugs. In the calendar year 1969, the number of new cases reported in the state reached 893, a rate of 14.8 per 100,000 population compared with 19.1 for the whole country. The rate of tuberculosis in some parts of the state, however, especially in city ghettos, is at the highest level of infection in the country. Uncontrolled areas of infection and the continuing migration of individuals in the state from areas with a high incidence of TB are the factors responsible. Boston, Fall River-New Bedford, Springfield and the Lawrence area, especially among Spanish-speaking immigrants, have unacceptably high incidences of the disease.

Although the trend in Massachusetts as elsewhere has been toward an integrated inpatient and ambulatory care system that uses general rather than special facilities and personnel, 1,121 patients were admitted to the County and Department Hospitals for treatment. Thanks to the advances in chemotherapy, most new TB patients stay in the hospital for short periods of time — six weeks or less.

Outpatient clinic care is being organized in conjunction with community hospitals, with emphasis on full diagnostic and follow-up services. The Berkshire Medical Center and the Springfield Medical Center have entered into agreements with the Department to supervise the TB clinics in their regions, and new outpatient clinics were opened at the Somerville General Hospital, the Wellfleet Medical Center and the Milford Hospital. The total number of outpatient visits in 1969 to the 59 clinics throughout the state was 131,513.

Priorities for 1970 include the expansion of existing tuberculosis clinics to include treatment of selected chronic obstructive pulmonary disease, and the recruitment of three additional TB staff members to work in the regional offices. The Department plans to conduct 60 outpatient chest clinics throughout Massachusetts, to distribute tuberculin testing material to the 351 local boards of health for use in school testing programs, maternal and child health clinics, Headstart programs, and by private physicians.

COMMUNICABLE DISEASE CONTROL

Measles down from 19,512 cases in 1965 to 264 in 1969. Mumps down from 9,025 cases in 1968 to 4,476 in 1969. Rubella down from 1,737 cases reported in 1969 to 1,278 in 1970. These figures indicate the remarkable progress of the Department in controlling these common communicable diseases through three recent state-wide immunization programs.

The Measles Immunization Program, which was begun in January 1966 with emphasis on the immunization of preschool children, has not only saved hundreds of children from the complications of the disease — encephalitis, mental retardation and convulsive disorders — it has saved the Commonwealth of Massachusetts thousands of dollars in medical care.

For the calendar year 1969, live attenuated mumps vaccine, which

had been licensed on January 5, 1968, was administered to 285,000 susceptible children and teenagers. By the end of 1970, the Department expects to complete the immunization of the remaining school population; it will then focus its attention on the immunization of susceptible preschool children beginning with age one. Mumps will be eliminated from Massachusetts within two years if clinical and public health medicine continue at their present efficiency. (Tables 1 and 2)

The aim of the Rubella Control Program, initiated in May 1968 with the support of State and Federal funds, is to protect expectant mothers from contracting the disease. Rubella is a mild disease in most cases, but it can cause serious harm to an unborn infant. During fiscal 1970, the Division of Communicable Diseases had 380,000 doses of vaccine available for the immunization of children in kindergarten through grade three.

In 1971, approximately 700,000 doses of vaccine will be available for the immunization of all students from kindergarten through age 12 who were not immunized, and for preschool children.

The prevalence of other immunizable diseases remains low. Forty-nine cases of whooping cough were reported in 1969, a drop from 85 in 1968. Not a single case of polio was reported in 1969, and only one case of diphtheria and one of tetanus.

To maintain the progress made in controlling and eventually eliminating those communicable diseases for which immunizing agents are available, the Department will continue its educational program aimed at both the professional and lay population. This will be accomplished through education to residents in the larger Boston teaching hospitals, through inservice training of the staff of local official health agencies, and through pamphlets, films and other material beamed to the public.

MUMPS IN MASSACHUSETTS

1968 - 1969

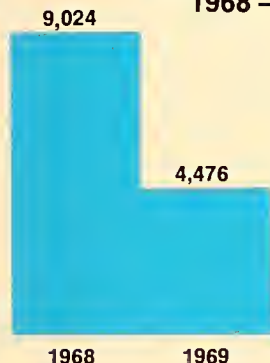


Table 1

MEASLES IN MASSACHUSETTS

1965 - 1969

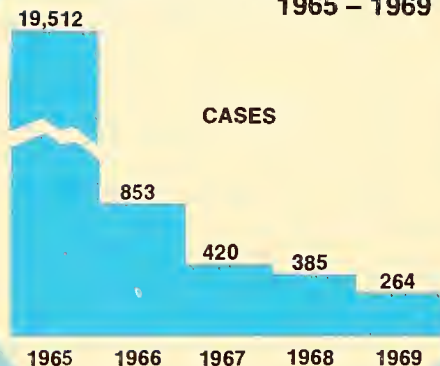


Table 2

Venereal Disease Program

Gonorrhea is epidemic in Massachusetts and throughout the United States. It remains the uncontrolled and uncontrollable venereal disease, primarily because of the difficulty of diagnosis in women. The 7,481 cases of gonorrhea reported in 1969 represent a 15.4 percent increase over 1968.

During the same period, the 1,903 cases of syphilis reported marked a decrease of 214. Early latent syphilis, however, increased by 18.4 percent, and congenital syphilis by 14.4 percent. The continued increase in congenital syphilis reflects the inadequacy of prenatal care in the past and a failure to diagnose and treat during the neonatal period.

In its attack upon venereal diseases, the Department carries on a three-pronged program of education, treatment and control. From January to June 1970, the number of copies sold of the "Curriculum Guide on the Venereal Diseases for

Junior High School Teachers" was 1,359. A second publication, "Curriculum Guide on Sex and Family Life Education for the 5th and 6th Grades," appeared in May 1970. Both manuals had been prepared by the Boston College School of Education, with the cooperation of the Department. The Department's extensive educational program includes formal training lectures, films, broad distribution of literature (71,544 pieces), consultations, radio and TV programs.

To reach the growing Spanish-speaking population in the state, the Division prepared a Spanish edition of two pamphlets on venereal diseases to be ready for distribution in 1970-1971.

The 22 State Cooperating Venereal Disease Clinics, which examined 12,117 patients, are mainly located in the outpatient departments of general hospitals but are reimbursed by the Department for maintenance and operation.

As part of its continuous program of control, the Department will intensify its case finding activities and follow-up of contacts. At the same time, it will seek to improve the reporting of patients with venereal disease by private physicians.

COMMUNICABLE DISEASES IN MASSACHUSETTS 1970

Gonorrhea and syphilis	9,554 cases
Chickenpox	7,778 cases
Mumps	3,554 cases
Viral Hepatitis	2,755 cases
Scarlet Fever	1,787 cases
Rubella	1,278 cases
Measles	503 cases

Table 3

THE CONSUMER PUBLIC



The individual as consumer has become increasingly aware of the hazards to health that abound in his surroundings, whether it be a smokestack belching forth airborne pollutants, carelessly packaged frozen foods or harmful toys. Protecting the public from the detrimental effects of chemicals, adulterated foods, unsanitary bedding and upholstery is another aspect of the Department's goal to maintain a healthy environment.

As part of its overall responsibilities in this area, the Division of Food and Drugs licenses vending machines, cold storage warehouses, manufacturers of narcotic drugs, and establishments that use animals for experimental purposes.

During the past year, the Division has been developing a meat and poultry inspection program that will be equal to Federal inspection regulations. Eleven new inspectors were added to the Division in February,

and ten more will, it is expected, be appointed by the end of 1970.

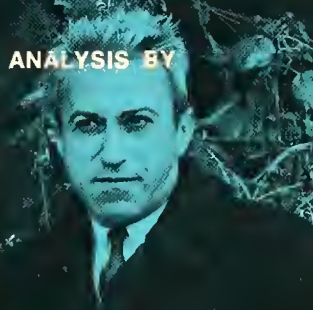
The Division also makes analyses of liquors, drugs and poisonous substances for the Department of Agriculture, police officials, the Alcoholic Beverages Control Commission and the Department of Natural Resources.

Despite new enlarged quarters, the laboratory facilities of the Division have been overtaxed by the increase in drugs submitted for analysis by law enforcement agencies throughout the state. (Table 4)

In addition to surveillance and enforcement of standards, the Department carries on a program of education for local health inspectors and food industry personnel, for police agencies on drugs and drug abuse; for chemists, farmers and the general public on the hazards and control of harmful substances and materials.

TABLE 4
DRUG SAMPLES SUBMITTED TO THE BOSTON LABORATORY FOR CHEMICAL ANALYSIS BY
THE LOCAL POLICE DEPARTMENTS

FISCAL YEAR		SAMPLES	
1964	.....	1,337	
1965	.....	834	
1966	.....	2,899	
1967	.....	3,338	
1968	.....	11,243	
1969	.....	21,995	
1970	.....	30,048	
MONTH	1968	1969	1970
JANUARY	467	825	1411
FEBRUARY	748	1788	2152
MARCH	829	1161	2469
APRIL	761	2098	2436
MAY	715	2181	2405
JUNE	864	1245	2432
JULY	821	2814	1623
AUGUST	1027	1952	2902
SEPTEMBER	1130	2336	3513
OCTOBER	1061	1843	3044
NOVEMBER	1151	1960	2402
DECEMBER	1038	1972	3259



EXPANDING PATIENT CARE

The demand for health services in Massachusetts, as throughout the country, has accelerated at an unprecedented rate in the last decade. At the same time, the scarcity of health resources available to an expanding population has made it imperative for the Department to redefine its role in the direct provision of medical care. Its position is one of supplementing existing resources on a statewide basis, and in developing special responsibilities to assure comprehensive health care to the community.

Through the Division of Patient Care Operations, the Department has projected the point of view that it must provide comprehensive health care to patients to the extent permitted by available human and physical resources, including preventive, therapeutic and rehabilitative services. In brief, the Department's seven hospitals must become centers for the maintenance of health and must assume a more direct role in providing services to the communities in which they are located. This involves establishing appropriate relationships with regional planning groups and developing programs for needed services not

provided by voluntary or private hospitals nor by other health agencies.

As an essential element of the total public health effort, the Department's hospitals must be used, to a greater extent than in the past, to develop and implement programs for the training of physicians and paramedical personnel. At the same time, research, a major function of all hospitals, must be expanded and encouraged, especially in the areas of cancer, heart disease and stroke.

The seven Departmental hospitals, with an aggregate bed count of 2,600, when used to capacity, provide the following services:

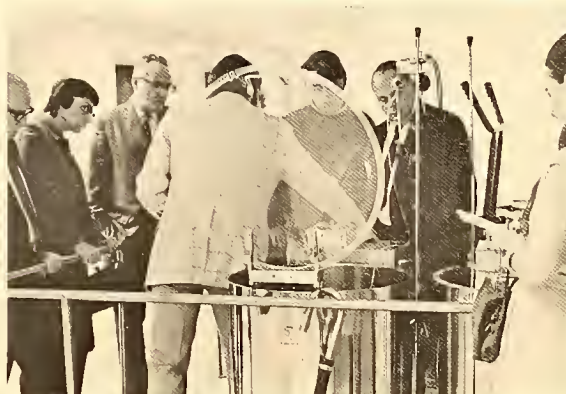


Hospital	Bed Complement
Lakeville	200
Massachusetts Hospital School	177
Pondville	110
Rutland Heights	216
Shattuck	250
Tewksbury	1,507
Western Mass.	140

Services

Comprehensive rehabilitation for children and adults; chronic renal dialysis; residential asthma center for children.
 Education and vocational training, medical and surgical care of physically handicapped but mentally normal children.
 Treatment of cancer in adults and children.
 Long-term hospitalization of adults with chronic diseases; rehabilitation; alcoholic unit; multi-phasic screening.
 Medical and surgical care of chronic illness; renal dialysis unit.
 Medical and surgical treatment of chronic illness; custodial care of older persons.
 Tuberculosis and chronic illnesses in adults; cancer in adults and children.

The hospitals also provide in-service training, conduct seminars, participate in broadly sponsored programs, train paramedical personnel and engage in research.



RENAL DISEASE PROGRAM

About 1,600 persons die of kidney failure in Massachusetts each year. Of this number, 200 can be saved by dialysis or transplantation.

Now in its second year of activities, the Renal Disease Program provides support to a number of facilities in the state that care for patients with end-stage renal disease, either through a transplantation program, chronic dialysis unit, holding dialysis unit (until a kidney for transplantation is available) or a home dialysis program.

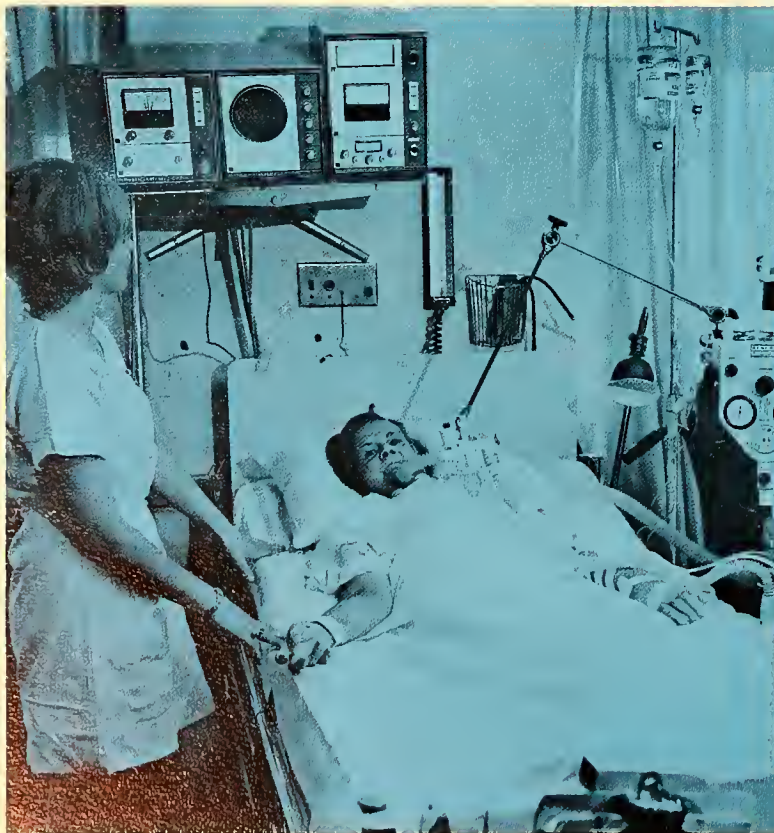
The shortage of suitable kidneys from cadavers and the problem of rejection of a transplanted kidney are also the concern of the Renal Disease Program. The establishment of the Interhospital Organ Bank was supported by the Department. The Division of Biologic Laboratories at the State Laboratory Institute developed a program in immunosuppressive therapy.

The number of new patients from Massachusetts accepted for treatment of end-stage renal disease in the first four months of 1970 was 51. If this rate continues, 153 new pa-

tients will receive treatment by the end of the year. The number of potential new patients each year in the state is 165 to 220. The opening of new dialysis units makes it possible to reach the lower figure, a very encouraging development.

At present, many types of chronic kidney disease cannot be prevented but early detection of infection can be carried out by relatively simple methods. The Renal Disease Program is supporting a technician at Boston City Hospital for the purpose of developing pilot programs for early detection of bacteriuria in the prenatal patient. Follow-up and treatment of patients detected in this and a similar program at St. Elizabeth's Hospital in Boston will be an important part of the project.

Dialysis treatment in out-of-hospital facilities and at home, now recognized as effective and less costly, is assuming greater importance in the state. To guarantee the proper functioning of such units, rules and regulations for out-of-hospital units and guidelines for home dialysis were established.



Research — A Never Ending Process

Like the quest for health, research into the causes of illness is a never ending process. As some diseases are conquered by the discovery and use of antibiotics and immunizing agents, new problems arise to challenge the skills and abilities of the Department's physicians and scientists. Research in the Department's hospitals and laboratories continues unabated, seeking to find the cause of chronic illnesses that afflict large sections of our aging population — cancer, stroke, heart disease. Other research projects concern the newborn and involve tests to detect metabolic diseases in infants.

Research into the causes of cancer is an integral part of the service at the Pondville Hospital, where ten new projects were initiated during the year. At the Western Massachusetts Hospital, work has been done on the treatment of skin cancer with cryosurgery.

Packaging proficiency testing samples, Laboratory Improvement Program.



THE STATE LABORATORY INSTITUTE

The State Laboratory Institute, through its two sections, the Division of Biologic Laboratories and the Division of Diagnostic Laboratories, carries out multiple functions:

- Research and development of new technology
- Productions of serums and vaccines for use throughout the Commonwealth
- Diagnosis of rare or exotic disease
- Establishment of new diagnostic tests.

Some significant developments during the year included:

- Anti-lymphocyte globulin — improved techniques for removal of antibody contaminants that would attack the normal blood cells of the recipient of a kidney transplant.

- Anti-Rh globulin — improved fractionation method that appears to be superior to any currently in use in the world.

- Diphtheria toxoid — large scale cultivation and purification methods to produce a less reactive, more effective and more economical vaccine.

- Rubella immune globulin — preparation of high titer rubella immune globulin for the protection of susceptible pregnant women exposed to the disease.

The State Laboratory Institute maintains services that are related to other programs in the Department. For example, it conducts all diagnostic services for the communicable diseases program and screens for congenital metabolic disorders in connection with maternal and child health services.

Tables 5 and 6 indicate the increase in testing carried on in all the laboratories of the Institute.

Production of serums and vaccines, Biologic Laboratories.



Table 5
**FIVE YEAR SUMMARY OF NUMBER AND
 KINDS OF SPECIMENS EXAMINED BY THE
 DIAGNOSTIC LABORATORIES**

	1966	1967	1968	1969	1970
Bacteriology					
Agglutinations	5,175	4,756	4,580	2,566	2,535
Enteric Pathogens	11,431	12,954	11,979	12,512	13,830
Gonorrhea	5,999	6,297	7,107	5,614	6,461
Malaria	3	3	3	3	—
Mycology	259	247	221	154	191
Throat Cultures	54,029	99,041	113,858	114,845	143,157
Tuberculosis	4,561	3,850	4,122	4,115	4,687
Vincent's Gingivitis	1	18	21	16	10
Food	xx	xx	xx	53	68
Miscellaneous	1,029	987	458	370	1,100
Totals	82,487	128,153	142,349	140,248	172,039
Wassermann					
Syphilis Serology	475,310	477,911	489,726	455,190	—
Rabies	520	516	672	616	—
Totals	475,830	478,427	490,398	455,806	—
Virus					
Virus Isolations	342	258	300	528	—
Virus Serology	582	438	528	2,423	—
Encephalitis Program	4,017	3,881	1,904	3,633	—
Rubella Program	—	—	975	1,166	—
Totals	4,941	4,577	3,707	7,750	—
Metabolic Disorders					
PKU Screening (blood)	187,628	186,182	186,123	152,563	—
Grand Totals	750,886	797,339	822,677	756,367	—

xx Included under Miscellaneous prior to Fiscal 1969.

Table 6
**DIAGNOSTIC LABORATORIES
 PKU AND OTHER METABOLIC DISORDERS LABORATORIES
 ANNUAL STATISTICAL REPORT
 JULY 1969 - JUNE 1970**

Total number of newborn blood specimens tested	93,101
Total number of follow-up blood specimens tested	599
Total number of urine filter paper specimens tested	72,777
Total number of cord blood filter paper specimens tested	37,063
Total number of specimens from special studies:	
Wassermann serum specimens	127,557
Filter paper blood specimens from correctional institutions	1,485
Filter paper blood specimens from Primate Center	953
Prenatal blood filter paper specimens	932
North Reading Rehabilitation Center	276
Fernald School	195
Hathorne State School	105
Autopsy blood filter paper specimens	31
Wrentham State School	30
Paul Dever State School	12
Requests from out of state	7
Total	131,583
Total number of specimens	335,123

THE CHALLENGE CONTINUES

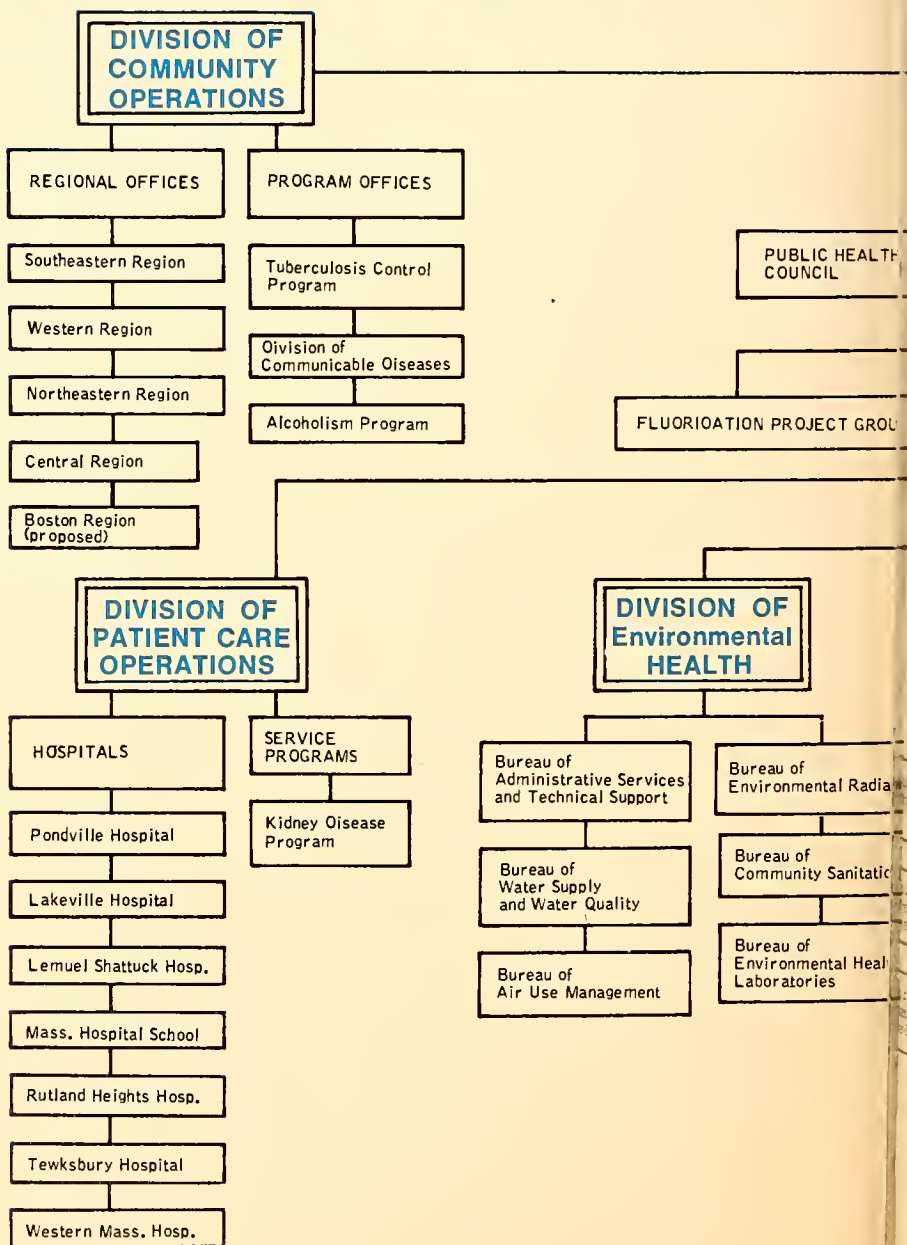
Through its many programs and staff services, the Department faces the challenge of its second century confident that it will continue to carry out its basic legislative mandate to:

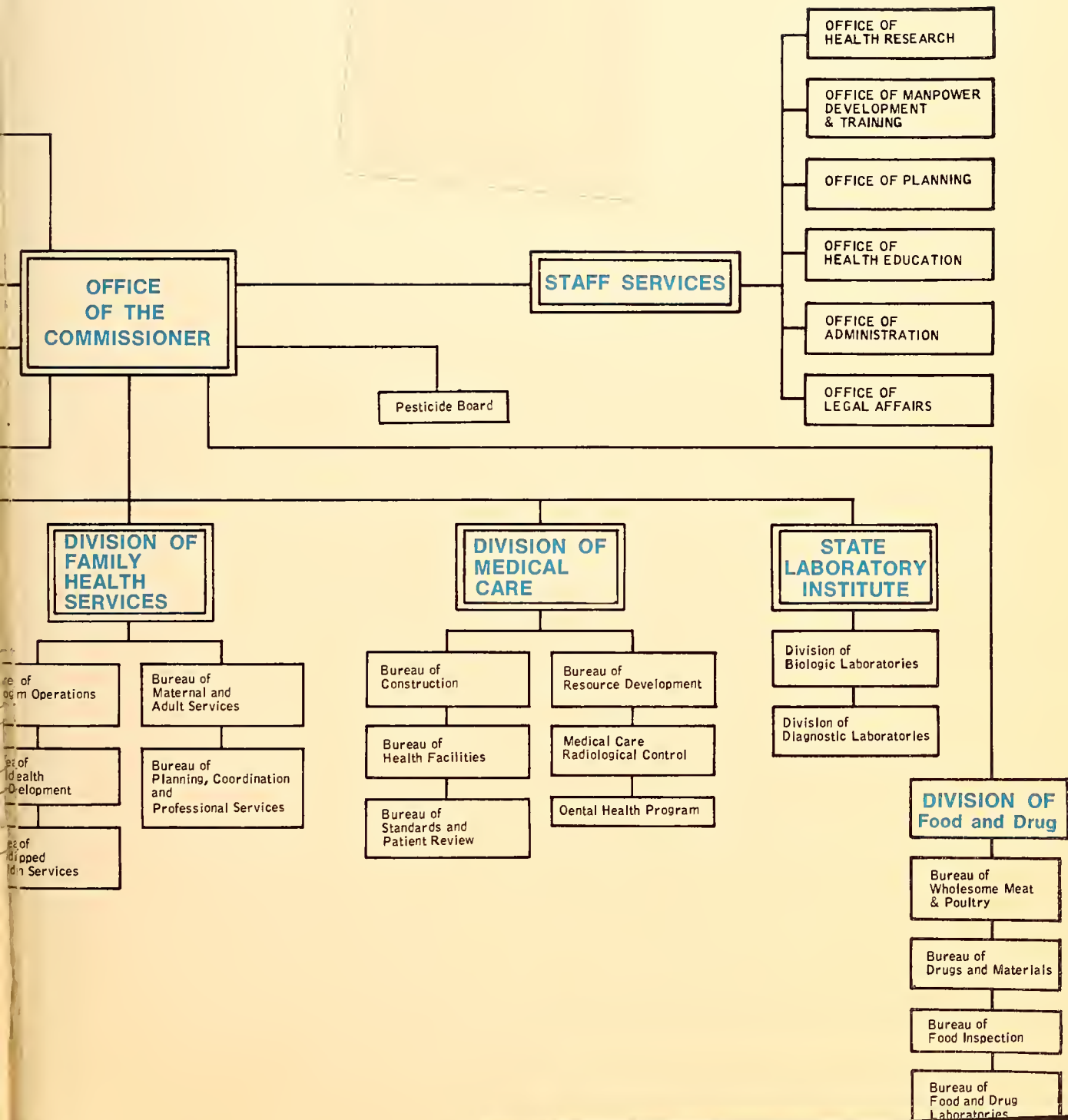
“ . . . take cognizance of the interest of life, health, comfort and convenience among the citizens of the Commonwealth . . . ”

DEPARTMENT OF PUBLIC HEALTH

ORGANIZATION

ORGANIZATION





DEPARTMENT OF PUBLIC HEALTH EXPENDITURES 1970

	FISCAL YEAR	TOTAL EXPENDITURES	PER CAPITA	TOTAL STATE	PER CAPITA	TOTAL FEDERAL	PER CAPITA
DEPARTMENT	1970	\$20,426,856.40	\$3.86	\$13,850,748.70	\$2.62	\$6,576,107.70	\$1.24
INSTITUTIONS	1970	\$24,855,574.48	\$4.69	\$24,855,574.48	\$4.69		
GRAND TOTAL	1970	\$45,282,430.88	\$8.55	\$38,706,323.18	\$7.31	\$6,576,107.70	\$1.24

EXPENDITURE REPORT — HEALTH SERVICES JULY 1, 1969 – JUNE 30, 1970

BUDGET ITEM NO.	HEALTH PROGRAMS	STATE	FEDERAL	TOTAL
1.	Personal Health Services			
1.1	Medical Care Program	749,457.91	652,865.22	1,402,323.13
1.2	Tuberculosis Program	3,484,021.73	209,621.09	3,693,642.82
1.3	Cancer Program	229,321.69	106,399.88	335,721.57
1.4	Heart Program	68,020.75	79,966.67	147,987.42
1.5	Alcoholism Program	823,564.85	7,548.00	831,112.85
1.6	Communicable Disease Program	605,502.06	147,620.27	953,122.33
1.7	Venereal Disease Program	871,231.56	1,734.00	872,965.56
1.8	Dental Health Program	91,540.64	4,673.73	96,214.37
1.9	Chronically Ill and Aged	313,799.75	95,733.82	409,533.57
1.10	Nutrition Program	14,082.48	—	14,082.48
2.	Environmental Health Services			
2.1	Environmental Health Program	1,174,156.73	233,458.55	1,407,615.28
2.2	Food and Drug Program	929,572.32	39,236.82	968,809.14
2.3	Radiological Health Program	—	87,603.16	87,603.16
3.	Health Services Administration			
3.1	Community Operations Program	331,348.61	124,351.20	455,699.81
3.2	Staff Services Program	889,581.54	616,717.52	1,456,299.06
3.4	Laboratories	1,840,400.27	146,004.71	1,986,404.98
4.	Family Health Services	1,285,145.61	4,517,206.29	5,802,352.10
SUB TOTAL — HEALTH PROGRAMS BEFORE INSTITUTIONS		13,850,748.70	7,070,740.93	20,921,489.63
5.	Public Health Institutions			
	Lakeville Hospital	2,409,265.92	—	2,409,265.92
	Rutland Heights Hospital	2,421,451.96	—	2,421,451.96
	Western Massachusetts Hospital	2,368,659.44	—	2,368,659.44
	Lemuel Shattuck Hospital	6,551,457.71	—	6,551,457.71
	Pondville Hospital	2,272,725.30	—	2,272,725.30
	Massachusetts Hospital School	2,166,165.82	—	2,166,165.82
	Tewksbury Hospital	6,665,848.33	—	6,665,848.33
TOTAL — Institutions		24,855,574.48	—	24,855,574.48
TOTALS		\$38,706,323.18	\$7,070,740.93	\$45,777,064.11

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

JUNE 30, 1970

**Commissioner of Public Health,
Alfred L. Frechette, M.D., M.P.H.**

PUBLIC HEALTH COUNCIL

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Benjamin M. Banks, M.D.	1967-1973
Bernard B. Berger, M.S.	1966-1974
Ralph E. Sirianni	1963-1975

Moira E. Nixon, *Secretary*

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Alfred L. Frechette, M.D., M.P.H.
Commissioner of Public Health.

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Communicable Diseases	Nicholas J. Fiumara, M.D., M.P.H.
Tuberculosis Control Program	Thomas J. Kearns, A.B.

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Central Region	Gilbert D. Joly, B.S.
Northeastern Region	Frederick A. Dunham, M.D., M.P.H.
Southeastern Region	Benjamin Sachs, M.D., M.P.H.
Western Region	Jcrome S. Peterson, M.D.

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Air Use Management	James L. Dallas, M.S.
Community Sanitation	Richard M. Powers, M.S.
Environmental Health Laboratories	Barnet L. Rosenthal, M.S.
Environmental Radiation	Cornelius J. O'Leary, M.S.
Water Supply and Water Quality	George J. Coogan, M.S.

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George A. Michael, B.S., *Director*

Drugs and Materials
Food and Drug Laboratories	Leon A. La Freniere, B.S.
Food Inspection	Paul J. Walsh

DIVISION OF FAMILY HEALTH SERVICES

Dorothy J. Worth, M.D., M.P.H., *Director*

Maternal and Child Health Services	M. Grace Hussey, M.D., M.P.H.
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DIVISION OF MEDICAL CARE

David R. Kinloch, M.D., D.P.H., *Director*

Construction	Richard Knapp, B.S.
Dental Health Program	William D. Wellock, D.M.D., M.P.H.
Health Facilities	Irene R. McManus, M.P.H.
Medical Care Radiological Control	Gerald S. Parker, M.S.
Resource Development	Myer Herman, M.D., D.P.H.
Standards and Patient Review	Ann Pettigrew, M.D.

DIVISION OF PATIENT CARE OPERATIONS

Henry W. Kolbe, M.D., *Acting Director*

Kidney Disease Program	Joan M. Leeming, M.D.
------------------------	-----------------------

Hospitals

Lakeville Hospital	George S. Watson, M.D.
Massachusetts Hospital School	William P. McHugh, M.D., M.P.H.
Pondville Hospital	Henry W. Kolbe, M.D.
Rutland Heights Hospital	Endre K. Brunner, M.D.
Lemuel Shattuck Hospital	Michael Hume, M.D.
Tewksbury Hospital	Thomas J. Saunders, B.A.
Western Massachusetts Hospital	I. Herbert Scheffer, M.D.

DIVISION OF STAFF SERVICES


Richard T. Fleming, M.B.A., *Director*

Administration	William R. Benson
Health Education	Marie F. Gately, M.ED., M.P.H.
Health Research	Leslie Lipworth, M.D.
Manpower Development, Training	Jesse McDade, PH.D.
Planning	Richard H. Seder, M.D., M.P.H.

STATE LABORATORY INSTITUTE

Geoffrey Edsall, M.D., *Superintendent*

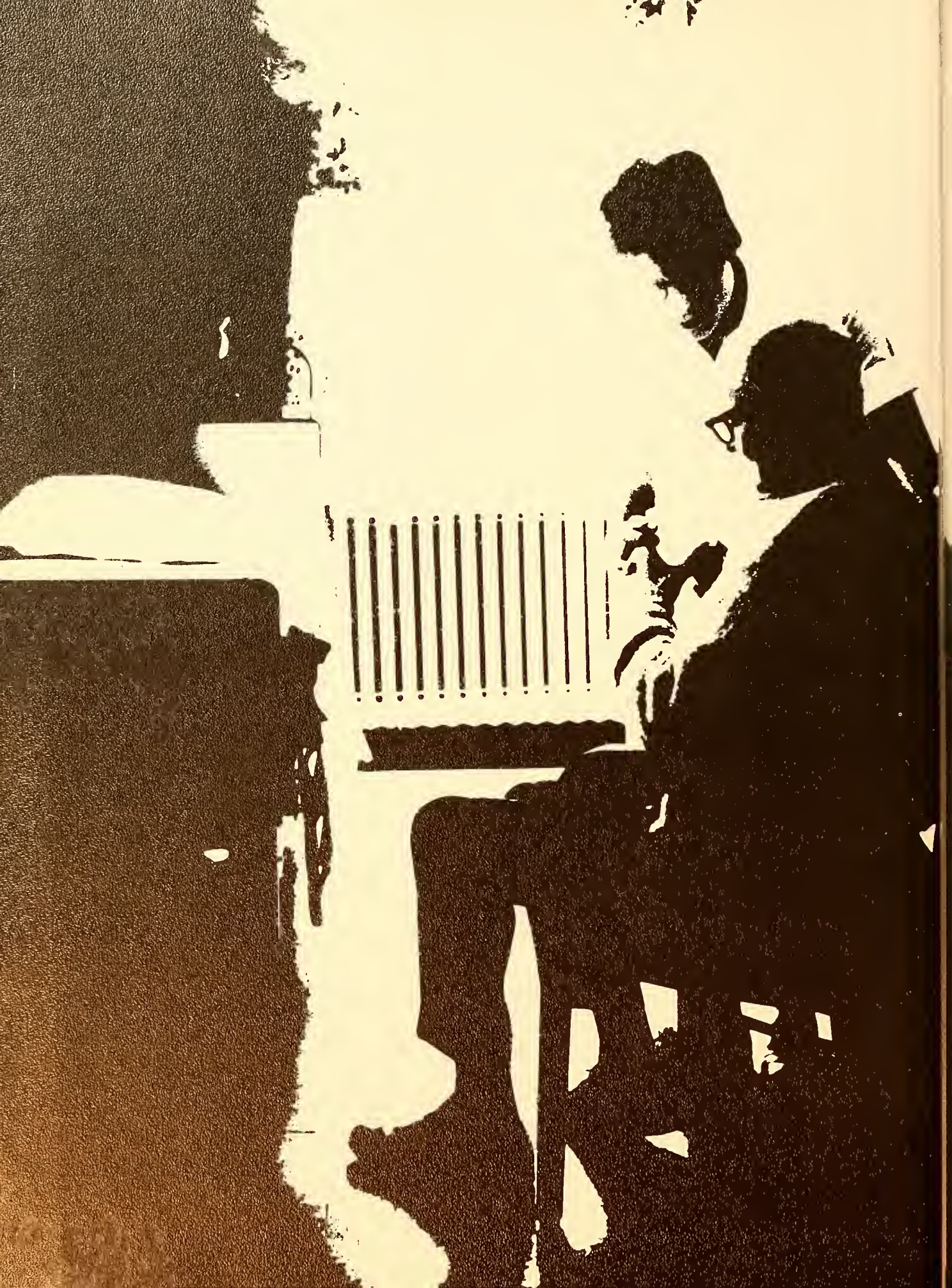
Biologic Laboratories	George S. Grady, M.D.
Diagnostic Laboratories	Kenneth F. Girard, PH.D.



**MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH**
600 Washington Street
Boston 02111

into the second century





the second century

The Massachusetts Department of Public Health enters its 102nd year fully cognizant of the changing patterns in the role and function of public health in the Commonwealth and throughout the country. Although the basic legislative mandate of the Department — "to maintain, protect and improve the health and well-being of the people" — remains unchanged since it was first formulated in 1869, the Department's approach to solving the problems that have arisen in this, the last third of the 20th century, has undergone significant changes.

The Department recognizes that health is a right of all the people and takes the position that the health care delivery system can operate only within the context of the social and economic factors that impinge upon the lives of all residents in the state. Such factors as pollution of the environment, poor housing, lack of transportation, malnutrition, lack of entry to primary health care, all influence decisions and programs of the Department.

1970-1971

NEW PROGRAMS

The Division of Community Operations, in conjunction with the South End Health Unit and the Boston Tuberculosis Association, sponsored a three-day screening program in the Chinese area of Boston. Individuals were screened for diabetes, chest diseases, hypertension, gross visual defects and dental problems. Chest X-ray screening produced a high yield of positive cases of tuberculosis. Follow-up treatment was arranged for these individuals at the South End Health Unit.

The Division of Communicable Diseases completed a study evaluating the use of cephaloridine in the treatment of primary and secondary syphilis. Results of the study will be published next year. The Division initiated a second study of congenital syphilis with the cooperation of members of the faculty of Tufts University School of Medicine.

The Massachusetts Drug Formulary Commission, an independent commission located in the Division of Medical Care, was created by the Massachusetts General Court in August 1970. The Commission developed a formulary of approximately 400 of the most frequently prescribed off-patent drugs listed by both generic and brand names. Massachusetts is the first state in the nation to establish such a public formulary with the expectation that prescribing by generic names will result in a reduction in cost to the consumer.

Lakeville Hospital is now providing orthopedic services to the residents of the Belchertown State School. The hospital, which set up a residential facility for children with intractable asthmatic seizures, is in the process of developing a pulmonary function service.

The Lemuel Shattuck Hospital, which maintains an 18-bed detoxification facility to aid in alcoholic rehabilitation, has instituted a new program for reversible medical complications of alcoholism, excluding brain damage. Patients will receive intensive medical and rehabilitative care as inpatients when their conditions require long-term hospitalization.

The Massachusetts Hospital School in Canton, the Department's unique hospital and residential facility, enrolled 12 students in a "Day Hop" program. These are young people from the surrounding towns who do not require inpatient care but are able to take advantage of a one-story school. The school hopes to increase the enrollment to 50 by September 1971.

These questions have, therefore, received increased attention in all aspects of the work of the Department. In the past year, the Department has placed greater emphasis on broadening the role of the state's seven public health hospitals; on working more closely with local boards of health to develop programs of basic health services; on active involvement with community health groups; and on developing regional health programs.

As scientific and technological advances accelerate with phenomenal speed, their impact is felt in new programs and activities. For example, a program of genetic counseling to determine probable birth defects has been outlined and will undoubtedly be operative next year. In selecting its priorities for the seventies, the Department has begun to employ system analyses of its major health programs to obtain the kind of information needed to make better decisions and to plan improved services.

The six specific goals established by the Department in 1969, which delineated the objectives of the Department as it entered its second century, are still paramount in the planning and programming of the Department:

1. To protect the public from infectious agents, injurious substances and practices likely to have a damaging effect on health.
2. To ensure that each individual receives appropriate preventive, therapeutic and rehabilitative services of high quality.
3. To achieve and maintain an environment that is optimal for health and well-being.
4. To instill and to reinforce the responsibility of the individual in the preservation of his own health and well-being and that of his fellows.
5. To assure the continuing expansion of knowledge about the factors determining health and well-being.
6. To foster a healthy society.

A mere listing of the number of programs initiated; the number of services performed; the number of individuals tested, treated or rehabilitated; the number of dollars expended cannot adequately delineate the dimensions or success of the Department's multifaceted activities. Yet the services provided are daily evident. Progress will be more fully evaluated after a lapse of time when long-range results are more clearly manifested.

This 57th Annual Report, therefore, reflects in brief the activities of the Department of Public Health during a period of sweeping changes in the delivery of health care.

brief notes 1970-1971

NEW PROGRAMS

The Division of Community Operations, in conjunction with the South End Health Unit and the Boston Tuberculosis Association, sponsored a three-day screening program in the Chinese area of Boston. Individuals were screened for diabetes, chest diseases, hypertension, gross visual defects and dental problems. Chest X-ray screening produced a high yield of positive cases of tuberculosis. Follow-up treatment was arranged for these individuals at the South End Health Unit.

The Division of Communicable Diseases completed a study evaluating the use of cephaloridine in the treatment of primary and secondary syphilis. Results of the study will be published next year. The Division initiated a second study of congenital syphilis with the cooperation of members of the faculty of Tufts University School of Medicine.

The Massachusetts Drug Formulary Commission, an independent commission located in the Division of Medical Care, was created by the Massachusetts General Court in August 1970. The Commission developed a formulary of approximately 400 of the most frequently prescribed off-patent drugs listed by both generic and brand names. Massachusetts is the first state in the nation to establish such a public formulary with the expectation that prescribing by generic names will result in a reduction in cost to the consumer.

Lakeville Hospital is now providing orthopedic services to the residents of the Belchertown State School. The hospital, which set up a residential facility for children with intractable asthmatic seizures, is in the process of developing a pulmonary function service.

The Lemuel Shattuck Hospital, which maintains an 18-bed detoxification facility to aid in alcoholic rehabilitation, has instituted a new program for reversible medical complications of alcoholism, excluding brain damage. Patients will receive intensive medical and rehabilitative care as inpatients when their conditions require long-term hospitalization.

The Massachusetts Hospital School in Canton, the Department's unique hospital and residential facility, enrolled 12 students in a "Day Hop" program. These are young people from the surrounding towns who do not require inpatient care but are able to take advantage of a one-story school. The school hopes to increase the enrollment to 50 by September 1971.

Pondville Hospital, the oldest state public health hospital in the country devoted exclusively to the care of cancer patients, has a research fellow from the Tufts Oncology Group rotating through the medical service. The medical service has also initiated biweekly oncology conferences in conjunction with the oncology group of the Lemuel Shattuck Hospital.

Rutland Heights Hospital graduated a group of Nurses Aides in affiliation with the Montachusett Vocational School in Fitchburg, in August 1970. An enlarged group of 17 students began their course in September. During the year, the first group of L.P.N. affiliated students received their training at the hospital.

Tewksbury Hospital played host to over 100 trainee-clergymen for one day in July. The guests came from Boston City Hospital, University Hospital, Melrose-Wakefield Hospital, Middleton Counseling Center and the Laconia (N.H.) State School. Thirty-eight theological students participated in a 12-week program of pastoral training at the hospital for the summer, under the instruction of the chaplain.

Western Massachusetts Hospital, through its enlarged cancer service, organized additional programs for the early detection of cancer of the breast and of the cervix. Successful clinics were held at the Mary Lane Hospital in Ware, in the Town of Northampton and at the hospital itself. The hospital has installed a radio-isotope dual magna scanner to be used in diagnostic work to determine liver scans, the location of thyroid disease and cancer.

The Bureau of Handicapped Children's Services, Division of Family Health Services, established a regional evaluation center for the Northeastern region at the Tewksbury Hospital. Prior to July 1970, no clinics had been held in that area. Five clinics per month now serve children with orthopedic, neurologic and cardiac problems. Through contract with the Barnstable County Health Services, the Bureau has been able to expand the services at the Hyannis clinic to include children with neurologic problems.

The Bureau ran a unique six-week pilot program for the 22 children at its preschool for handicapped children at the Dimock Street Health Center in Roxbury. Thirteen of the 22 youngsters learned to ride horseback as part of their therapeutic regimen. Children too young or too severely handicapped to learn to ride participated by doing a few simple chores around the horses, like cleaning or brushing, to give them a sense of accomplishment.

The Laboratory Improvement Program, an integral part of the Division of Diagnostic Laboratories, was established 30 years ago to upgrade the quality of clinical laboratory performance in Massachusetts. In the past year, it expanded its testing to include clinical chemistry and hematology and brought state hospital laboratories into the program for the first time.

The Amherst Laboratory of the Division of Food and Drugs established a voluntary aid program with a drug rehabilitation center at the Northampton State Hospital. Inmates who are allowed weekend passes are examined when they return to the center on Monday. Urine samples taken are sent to the Amherst Laboratory for analyses to determine the presence of drug residues.

The Department served as the major testing ground for developing a new system of program administration and budgeting. Analysts from the Modernization System Unit worked closely with program managers throughout the Department to prepare detailed descriptions of current and projected activities. Staff from the Office of Planning collaborated in this effort. By the end of the fiscal year, they were able to work independently on the implementation of a new system.

Working to improve relationships with the voluntary organizations, the Division of Community Operations established a joint plan with the Massachusetts Medical Society to obtain the services of physicians under the Emergency Health Personnel Act.

NEW PUBLICATIONS

In the fall of 1970, the Department instituted a quarterly publication, *Inside*, designed to inform senior managers and professional staff of the significant issues and activities of the Department. Since individuals on the "outside" who had seen the publication expressed interest in a similar magazine for all concerned residents of the state, the future of the publication will be reviewed at the end of the first volume year.

A series of short articles to inform physicians of the programs of the Department was prepared for publication in the *New England Journal of Medicine*. The first article will appear in July 1971.

CONTINUING PROGRAMS

The Fluoridation Project helped six communities that faced referenda during the year. Fluoridation won in four communities with a total population of 55,400 and lost in two with a population of 24,036. In the pas-

year, health authorities in 21 communities ordered fluoridation of their water supplies to bring the total to 71. Eight communities began fluoridating to bring the total of those currently fluoridating to 42 with 760,548 residents in all; seven communities with 273,719 residents will begin within the next few months. In the remaining 14 communities with a combined population of 568,811, funding sources are being generated by local government.

Project Cope (Care of Pregnancy Early) in Pittsfield, which is sponsored by Family and Children Services of Berkshire County and the Pittsfield Visiting Nurse Association, is funded by the Department. The Project, which has received excellent cooperation from schools, hospitals and other groups in the area, provided services for 110 maternity patients during fiscal 1971. Projections for the coming year are much higher.

The Migrant Health Project now works out of the Division of Family Health Services. Through two group medical practices, the Project provided comprehensive health care for 450 migrant farm workers in Western and Northeastern Massachusetts and supported acute care, provided locally by individual physicians, for another 155 migrants in Southeastern Massachusetts.

TRAINING PROGRAMS

The Office of Manpower Training and Development, in cooperation with the Department of Community Affairs, employed 15 public service interns in various units of the Department. The program provided paid employment for undergraduate and graduate students in need of financial assistance, as well as work experiences in state agencies related to their future careers. The Office was involved in the coordination of two summer work programs: the Apprenticeship Training Program for Medical and Dental Students, and the Action Program for Boston Community Development Summer Work Program for youths aged 13-21 from low-income families. The Office also completed an on-the-job program for five new environmental technicians in conjunction with the Bureau of Environmental Health Laboratories.

The Nursing Unit planned many educational programs for nurses in a variety of settings. Workshops for nurse practitioners from skilled nursing homes on the subject "Restorative Nursing, Nursing Care Plans and Administration of Nursing Services" were given in all areas of the state at the Department's public health hospitals. Faculty and nursing service members from

the seven hospitals attended a series of institutes on "Communications and Group Dynamics and Evaluation of Behavioral Aspects of Nursing."

The Social Work Unit, in cooperation with Simmons College School of Social Work, organized an intensive seminar on basic social work principles for 25 social work assistants from the seven public health hospitals and social workers from the Boston Department of Health and Hospitals. Under the leadership of the Central Regional Office, approximately 100 social workers from both public and private health facilities attended an all day seminar on the role of the social worker in the delivery of health services.

The Meat Inspection Section of the Division of Food and Drugs, which grew from three to over 40 employees, coordinated three programs that trained 30 inspectors in the procedures involved in the slaughtering and processing of poultry and meat.

The Bureau of Radiation Control, Division of Medical Care, conducted a two-day training course in basic radiation control for 175 chiropractors.

NEW SERVICES

The Office of Health Research supplied the Department of Industrial Medicine, Harvard School of Public Health, with a list of mesothelioma cases (cancer related to the utilization of asbestos in industry) preparatory to setting up a study between the two groups on the incidence of this disease and to monitor changes.

The Office developed a document that compared infant mortality from 1966-68 for all counties in the six New England States and circulated the material throughout the state. A health index involving all towns in the region will be developed in fiscal 1972.

OFFICES CONSOLIDATED

The Nursing and Social Work Sections, Office of Manpower Development and Training, and the Nutrition Section of the Division of Community Operations moved their offices to headquarters at 600 Washington Street. This change helps facilitate communication and cooperation with other units of the Department.

The Production Unit of the Office of Health Education is now housed on the sixth floor of the Washington Street building. New pieces of equipment — a 50-bin collator, a GBS binder and an A. B. Dick 350 model offset machine — make possible faster and more efficient production of offset duplicating material.

PROTECT
PUBLIC



SHELLFISH SANITATION DIVISION

ARTM
NM

the integrity of the environment

Almost every aspect of contemporary life contributes to pollution of the environment. An expanding population demands and consumes greater and greater supplies of water, gas and electricity. Disposable products unheard of a decade ago, as well as bottles, tin cans, plastics of all varieties, nondegradable forms of garbage, radioactive products and toxic sprays add to the litter of the landscape and the pollution of the water and air. How to restore and maintain the integrity of the environment that is daily assaulted is the responsibility of the Division of Environmental Health.

Water Supply and Water Quality

The Bureau of Water Supply and Water Quality, which is responsible for the environmental engineering aspects and surveillance of approximately 350 municipal water supply systems, approved 22 new sources of water supply, as well as plans for water treatment, storage and additions in 22 more communities.

To maintain the purity of the state's drinking water, the Bureau analyzed samples of all public water systems for their sodium content, and supplied information to individuals and groups on the possible dangers to both private and public water supplies from the use of salt on the highways. Steps were taken in collaboration with the Department of Public Works to remedy the situation. The Bureau also monitored 200 separate sources for the possible presence of mercury.

As an integral part of its program to insure a suitable bacterial quality of shellfish that reach the public, the Bureau continued its sanitary survey, classifications and reclassifications of over 40,000 acres of shellfish beds along the Massachusetts coast. In the past year, the Bureau monitored all commercially harvested shellfish areas for significant levels of mercury in either the shellfish or bottom sediments. Quahog samples from Quisset Harbor, Falmouth, and part of Sippican Harbor, Marion, contained mercury concentrations in excess of FDA interim guidelines, as did the samples of sediment. Source of the excessive mercury concentration was traced to the use of anti-fouling paints with high mercury levels in the boatyards and marinas in the area. On March 31, 1971, the Massachusetts Pesticide Board banned the use of such paints.

To enhance the quality of the water in Boston Harbor for the benefit of shellfish harvesting, the Department required chlorination on a year-round basis of the effluents of the Nut Island and Deer Island sewage treatment plants.





The Bureau conducted an extensive, multi-agency study of the water quality of the beaches of Dorchester Bay as part of its continuing program to protect the public from diseases associated with bathing in polluted water. Definite recommendations for eliminating sources of pollution were made.

Other programs of the Bureau are in operation throughout the year and include: approval of all applications for use of herbicides in the waters of the Commonwealth; and recommendations to cities, towns and lake officials for the control of aquatic weeds or algae.

Community Sanitation

The Bureau of Community Sanitation is continuing its efforts to eliminate all public health problems and nuisances created by the operation of insanitary solid waste practices and facilities. A major step in the management of solid waste disposal was the adoption by the Public Health Council of "Rules and Regulations for the Disposal of Solid Wastes by Sanitary Landfill." To implement these regulations, the Bureau prepared "A Manual of Operations" for the use of district personnel.

The Department is of the opinion that the long-range solution to the problem of solid waste disposal in many areas in the state lies in regionalization of facilities. It is, therefore, cooperating with the Department of Public Works, which is working on a report of the needs in this segment of environmental health and is developing a state plan for a regional solution.

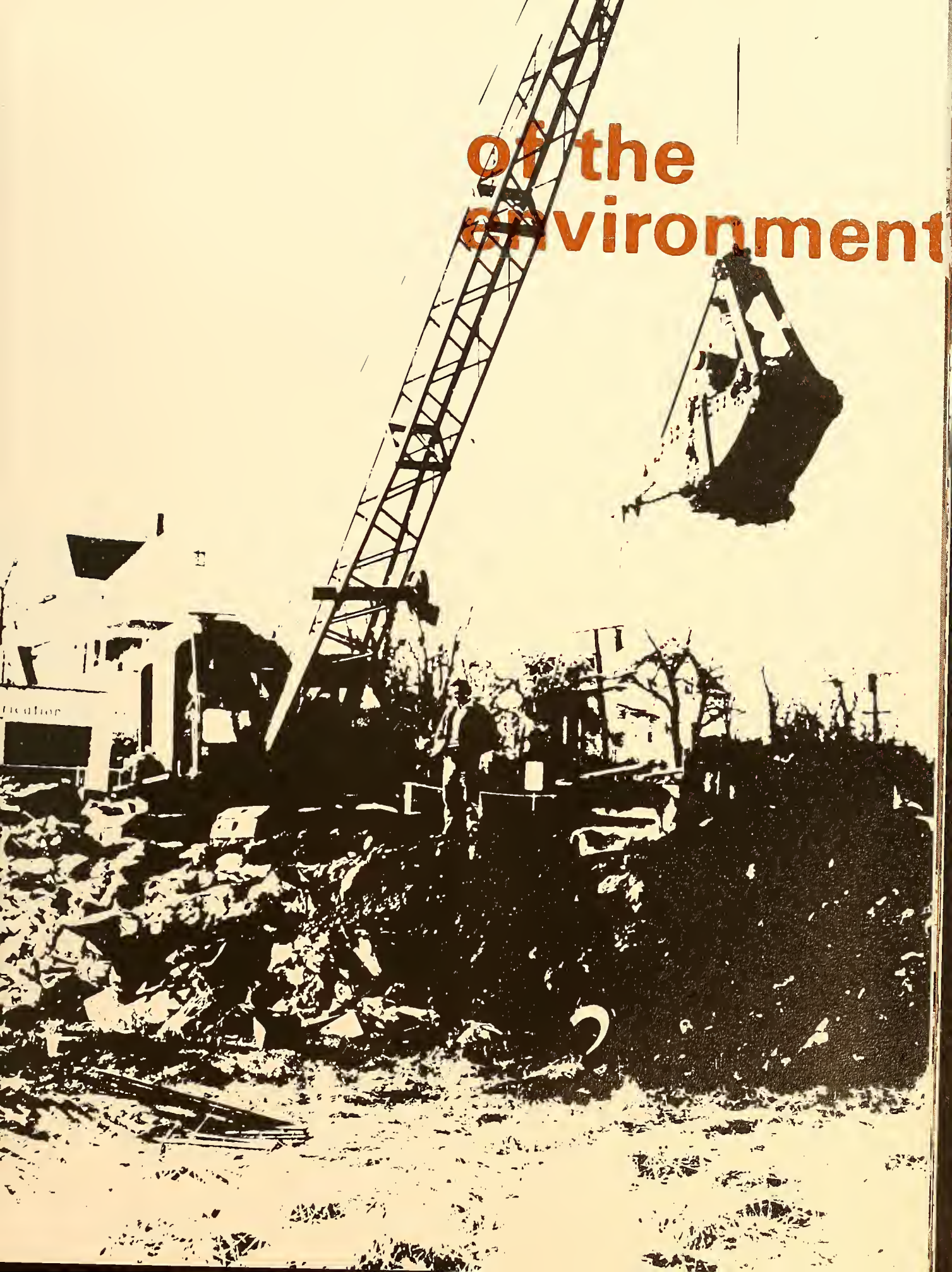
The Bureau continues to regulate the disposal of liquid waste discharges into the ground. Under Article XI of the State Sanitary Code, the Department reviews and approves plans for the inspection of all sewage disposal systems with a capacity of more than 2,000 gallons per day. This activity of review and inspection now involves 60 percent of the regional offices' workload and requires a random inspection and sampling of every waste treatment facility at least once a month.

To assist local boards of health and code enforcement personnel, the Bureau's staff offers counseling and courses in understanding the enforcement sections of the State Sanitary Code. The Department is reviewing articles of the Code for possible revisions and will propose the adoption of two new articles on private water supplies and the keeping of animals.

The inspection of all farm labor camps and their certification prior to their use by migrant farm workers is a permanent activity of the Bureau.

A specialist in insect and rodent control works with local boards of health to implement the Department's Rodent Control Program.

of the environment





Air Use Management

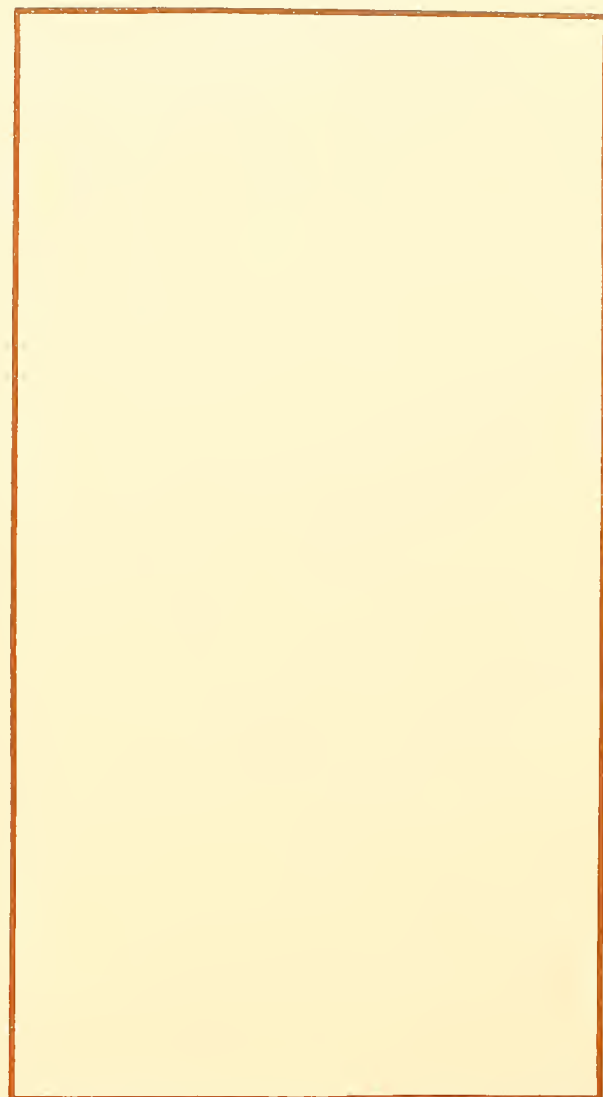
The Bureau of Air Use Management, through the six Air Pollution Control Districts of Massachusetts, carried out an expanded program of activities in all aspects of air pollution control, with special emphasis on industrial pollutants. Stringent enforcement of the Ambient Air Quality Standards for Sulfur Dioxide and Total Suspended Particulate Matter, and the Regulations for the Control of Air Pollution, which went into effect in July and September 1970, resulted in continued improvement of air quality.

Aware of the difficulties of controlling air pollution in as restricted an area as Massachusetts, the Department has worked to develop regional programs that cut across state lines. It adopted an implementation plan for the Massachusetts portion of the Hartford-New Haven-Springfield Interstate Air Quality Control Region to attain, maintain and preserve air quality standards for sulfur dioxide and total suspended particulate matter. In the same period, the Bureau adopted new ambient air quality standards for carbon monoxide, non-methane hydrocarbons and photochemical oxidants for the Commonwealth and the three existing federally designated air quality control regions.

Stepped-up activities of the Bureau, all aimed at preventing pollution or undue contamination of the atmosphere, included the following:

- *Computer facilities were initiated to analyze air quality data for carbon monoxide, hydrocarbons and oxidants.
- *The updating of emission inventories was completed.
- *New air quality monitoring equipment was put into operation.
- *A program of continuous sampling and analysis of fuel oil at various distribution terminals and use facilities was initiated.
- *An Industrial Guideline Data sheet was developed to aid in the submittal of plans and specifications for approval by the Department.

A concerned and educated population will be a most effective ally in guaranteeing the success of the Department's program to preserve the environment. Activities of the Bureau's staff, include, therefore, dissemination of information to the press, citizens and professional groups.



Environmental Radiation Control

The steady increase in the number of environmental problems created by sources of man-made radiation and emissions from electronic products has heightened the concern of the Bureau of Environmental Radiation Control. Coordinating its activities in radiological health with the other Bureaus and with other agencies in the field, the Bureau carried out many more tests in 1971 to determine the radiation levels in the waters and ambient air. These studies helped allay citizens' concern for the possible radiological effects of diversion of water from the Connecticut River into Quabbin Reservoir, as well as the impact of gaseous and liquid effluents from nuclear reactors. To keep local boards of health and fire departments informed of all licensed users of radioactive materials, the Department has prepared a new computerized form to be sent out semi-annually.



Environmental Health Laboratories

The Lawrence Experiment Station and three district laboratories — at Amherst, Lakeville and Tewksbury — continue to provide the laboratory services for the Division of Environmental Health. A heightened awareness on the part of both the public and public health workers of the hazards to health created by pollutants in the environment has increased the work load placed upon the six laboratories at the Lawrence Station. To meet the monitoring requirements of the engineering sections of the Department, the laboratories performed tests on the following samples:

Bacteriological	27,227
Chemical —	
Water Supply	8,535
Chemical —	
Water Pollution	2,482
Biological	1,059
Air Analyses	2,881
Radiological Health	2,369
Total	44,553

This represented an increase of 11,626 tests, or 35 percent over the previous year.

Research activities and special studies continue to expand at the Lawrence Experiment Station, covering a wide range of subjects:

*During the summer of 1970, the laboratory evaluated the effectiveness of the cyanuric acid-chlorine disinfection systems at two pools in the Greater Lawrence area. Results of the study indicated that the use of cyanuric acid at the recommended concentration (25mg/l) in the pool water permitted better pH control and, more importantly, better chlorine residual control.

*A toxic metal survey project, funded by the Division of Water Pollution Control, was reactivated in March 1971. The realization of the hazards associated with environmental mercury has aroused the concern of public health officials over the levels and significance of other toxic metals such as selenium, cadmium, beryllium and zinc present in the environment. This two-year research and demonstration program will monitor the concentration of these and other toxic metals in the waters and aquatic life of the Commonwealth.

*Another research project funded by the Division of Water Pollution Control was started in January 1971. It seeks to establish a more accurate procedure for the enumeration of fecal coliform in sea water.

The Department, through its Certification Program for Water Bacteriology, has approved 68 public and private water laboratories, and 38 have been granted approval for Water Chemistry.

As part of its regular activities, the Lawrence Experiment Station continues to provide information and services to laboratories and private industry throughout the state, as well as to the federal government.

PESTICIDE BOARD

The Massachusetts Pesticide Board, the first such board in the country, was established in 1962 under the jurisdiction of the Department of Public Health. Charged with maintaining the health and safety of the people of the Commonwealth, as well as with preserving the environment, through better control of pesticides by all users, the original Board included the Commissioners of Public Health, Natural Resources, Agriculture, Public Works, and the Chairman of the State Reclamation Board. The Director of the Division of Fisheries and Game was added as an ex officio member a year later. In September 1970, membership on the Board was enlarged to include five public members to broaden its base and to give voice to groups outside state government.

The Board, which has been successful in promulgating rules and regulations for the use of pesticides, adopted important amendments to its regulations in June 1971. These changes established three levels of control:

1. Outright banning of most persistent chlorinated hydrocarbon pesticides
2. Restricted use, such as of lindane and chlordane
3. Use by permit only, such as of DDT, dieldrin and 2,4,5-T.

The Pesticide Board also prohibited the use of marine anti-fouling paints that contain mercury substances after the Division of Environmental Health had determined that the paints were probably responsible for the excessive concentration of mercury in the shellfish and sediment in two harbors of the state.

Under the new regulations, benzenehexachloride (BHC), including its gamma isomer lindane, cannot be used for the control of mosquitoes, nor for any household use. The pesticide 2,4,5-T is now limited to localized applications, such as within the confines of utility company rights of way or in cranberry culture and other agricultural operations. DDT may be used only to control bats by application to their resting sites.

The actions of the Massachusetts Pesticide Board stem from the premise that man must live in a harmonious relationship with nature not only for the next decade or two, but for years to come. This attitude prevailed when the Board concurred in the Department of Natural Resources' spraying program for Nickerson State Park on the Cape to prevent an infestation of the gypsy moth. This was necessary in order to lessen the caterpillar nuisance during peak use of the camping and recreational facilities of the park.

The goal of the Board is to use technical and scientific knowledge to enhance human life within the natural balance.



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fostering a healthy society

The complexities of life in the seventies demand a comprehensive approach to the provision of health care throughout the Commonwealth. Such an approach cuts through the separate units of the Department and utilizes programs and personnel in every Division. These seek to give answers to the questions that arise with stubborn persistence: how to provide a more equitable distribution of medical care; how to halt the increasing pollution of the environment; how to relieve the critical shortage of health manpower and facilities; how to expand research in chronic and genetic diseases; how to provide comprehensive health care to all residents of Massachusetts.

The Department continues to emphasize more direct services through contracts; the organization and implementation of special programs; strengthening the capability of local health units to develop community health services; the introduction of broad health programs in the community; and the expansion of outpatient care and ambulatory units in the seven Public Health Hospitals.

COMMUNITY HEALTH

The scope of health services provided by the Department is reflected in the activities of the Division of Community Operations. The Division is responsible for the supportive services available for providers of health care through the Department's programs in laboratory services, throat culture examination, tumor diagnosis, cytology studies and the loan of vision and hearing equipment. Licensing of day care centers and nursing homes, planning of Headstart, Model Cities and Migrant Health Programs, the collection and interpretation of epidemiological material, nursing, nutrition, dental and social services, and the application and regulations of the State Sanitary Code and Food and Drug laws — all these at the local level are the responsibility of the Division of Community Operations, which carries them to the consumer through its four regional offices.

Only a few activities of each district office in the past year can be noted:

*Central District—The Athol-Orange Community Health Services Agency received funds from the Department for the second year. The phenomenal growth and acceptance of the agency by participating communities are proof of the need for more regional nursing services. Staff members of the regional office participated on a consultant basis in the organization of family planning programs in the area.

Home Health Agencies

The Department has been moving steadily toward success, but it still has a long road ahead to its goal of less than 100 home health agencies. A major aim of the Department has been to assist community groups, through consultation provided by the Regional Public Health Nursing Advisors, to work toward fewer, better organized home health agencies. These agencies are equipped to provide, under the direction of a physician, health services to persons in their own homes. Services include: nursing; physical, occupational and speech therapy; nutrition counseling and homemaker assistance.

In the past seven years, there has been a decrease of 22 agencies. Currently, 51 of the 193 agencies serve more than one city or town; one agency, as many as 12. In 1971, 33 towns, nearly all of which have populations of 2,000 or under, in contrast to 65 towns in 1965, are without home health services; 99 percent of the total population of the state resides in communities with available home health services (Tables 1 and 2). Approximately 100,000 cases are served annually by these agencies with a total of 885,000 (0.9 million) visits.

Table 1
NUMBER OF MASSACHUSETTS HOME HEALTH AGENCIES
1965-1971

Year	Home Health Agencies
1965	215
1966	210
1967	208
1968	210
1971	193*

Table 2
NUMBER OF MASSACHUSETTS CITIES AND TOWNS WITHOUT HOME HEALTH SERVICES

Year	Communities
1965	65
1966	48
1967	46
1968	48
1971	33

*168 certified for participation in Title VIII.



*Northeastern District—At the request of the Health Commissioner of the Lowell Health Department, the regional nursing advisors carried out a survey of the nursing programs in the health department. Participants in the survey are hopeful that the results of the study will lead to a reorganization of the existing services.

*Southeastern District—The regional staff has been active in planning the health components of the Brockton Multi-Service Center. Final building plans and resources have been approved for the Center, which will house health, mental health, welfare and handicapped children's programs.

*Western District—Health aides working with migrants in the state made over 100 visits to camps to explain the Migrant Health Program and to enroll workers in the project. Workers of the Shade Tobacco Growers Association were being enrolled for medical care for the first time in the 1971 program. The bilingual aides assumed a greater role as health advocates on behalf of the migrant workers.

To guarantee the most effective delivery of health services throughout the state, the Department has provisionally adopted a plan of reorganization of the regional offices to carry out their activities within the eight regional offices of the Executive Office of Administration and Finance. An important aspect of the regional health program will be in the sensitive area of health planning, which will be carried out in cooperation with the comprehensive health planning B agencies. The Division of Community Operations will, to a greater degree, fulfill the role of consumer ombudsman.

In the past year, the Division assumed stronger leadership in programs beamed to segments of the population that are usually ignored in the traditional patterns of health care delivery. It provided direct service through assignment of a full-time position to Project Place, which provides care and shelter for the young "street people" who come to Boston in large numbers during the summer. Central and regional staff have begun to provide direct clinical screening programs for individuals in prisons and mental health hospitals, and to instruct the staff in the institutions in the techniques of health screening.

The Division also recorded some success in working more closely with local boards of health in providing technical assistance, planning and health education. It was instrumental in organizing, with the cooperation of the Massachusetts Associated Boards of Health and the Massachusetts Health Officers Association, the First Massachusetts Public Health Congress, held in both the eastern and western parts of the state.

society

The development of a long-term plan for a Massachusetts mandatory health insurance program may prove to be the most significant aspect of the Division's activities in the future. The proposals, which were presented to a special committee of the Legislature by the Commissioner, called for the setting up of services on a regional basis to be funded by a Massachusetts Health Insurance Corporation, and for the development of Health Maintenance Organizations for the people in the inner cities.

Tuberculosis, A Serious Problem

Despite the availability of therapeutic drugs, tuberculosis remains a serious health problem in Massachusetts. In the calendar year 1970, the number of newly diagnosed cases reported in the state was about the same as in the previous year (893, a rate of 14.8 per 100,000 population). The new alien admission procedures make control of infection and follow-up more difficult than in the past.

The Tuberculosis Program continues to be the largest single clinical program of the Department, with a yearly budget of nearly \$5 million. With the advent of chemoprophylaxis, the patient load has tripled to about 16,000. Patients who receive antituberculous drugs have their progress repeatedly monitored to detect misdoses, treatment gaps or physiological reactions. Tuberculin testing material was distributed to the 351 local boards of health for use in school testing programs, maternal and child health clinics, Headstart programs and by private physicians. In 1971, the number of tuberculin tests completed in the schools reached 150,000, and 400,000 more were done by private physicians.

As elsewhere, the Tuberculosis Program is putting greater emphasis on an integrated in-patient and ambulatory care system that uses general rather than special facilities. This requires radical reform in the relationship of the program to the traditional programs of local boards of health. Another important change is the shift from traditional case finding and follow-up to concentration on high risk ghetto areas and pockets of immigration. Priorities for 1971-72 include the establishment of a regional tuberculosis program based at the Lawrence General Hospital, Lawrence, and a similar program at the Burbank Hospital in Fitchburg. As a result of discussions with the several Tuberculosis Associations and the Massachusetts Thoracic Society, the Department will introduce legislation for comprehensive tuberculosis reform in the 1972 session of the Legislature.

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new trends in patient

Through the Division of Patient Care Operations, which is responsible for the operation of the seven Public Health Hospitals, the Department has moved to supplement existing resources on a state-wide basis and to assume special responsibilities to assure comprehensive health care to the community. The Department's hospitals, now in the process of becoming centers for the maintenance of health, are working more closely with regional planning groups to develop programs for needed services that are not provided by voluntary or private hospitals nor by other health agencies.

New services and programs indicate the trend for the next decade:

When the renal dialysis unit at the Lakeville Hospital becomes fully operative, it will be able to take care of the major needs for renal dialysis in Southeastern Massachusetts.

The Lemuel Shattuck Hospital will re-open a limited number of beds to be used exclusively for the care of patients with all forms of chronic pulmonary diseases. The services offered will include acute intensive care, long-term rehabilitation and physical medicine.

The Massachusetts Hospital School has entered into an arrangement with the Belchertown State School to provide orthopedic services to the residents of the latter institution.

Pondville Hospital, which primarily provided surgical and radiological services, is now employing more chemotherapy and providing expert medical care for other medical conditions besides the cancer that brought the patients to the hospital.

The type of services provided at the Rutland Heights Hospital has changed considerably during the past three years. The hospital, which served primarily as a custodial institution, admitted 153 patients in 1969 and returned 106 to the community. In 1971, the hospital admitted 740 patients and discharged 710 to the community.

Tewksbury Hospital is seeking funds to develop rehabilitation services for both inpatients and outpatients. Since it receives many alcoholic patients, the

hospital is consulting with the Division of Alcoholism to develop a proper service for these patients.

Western Massachusetts Hospital now has a much smaller tuberculosis service than in the past as a result of the Department's policy of treatment of TB patients in community hospitals. The present intent of the Department is to transform the hospital into a rehabilitation center for the western part of the state.

The seven hospitals, with an aggregate bed count of a little over 2,600 when used to capacity, admitted 7,370 patients during fiscal 1971. The average length of stay varied from 24 days at Pondville to 334 days at the Massachusetts Hospital School. The shift in emphasis from custodial care is indicated by the number of outpatient visits — 57,995. The hospitals provide the following services:

Hospital	Services
Lakeville	Comprehensive rehabilitation for children and adults; chronic renal dialysis; residential asthma center for children.
Lemuel Shattuck	Medical and surgical care of chronic illness; renal dialysis unit; alcoholic unit.
Pondville	Treatment of cancer in adults and children.
Rutland Heights	Long-term hospitalization of adults with chronic diseases; rehabilitation; alcoholic unit; multiphasic screening.
Tewksbury	Medical and surgical illnesses in adults; cancer in adults and children.
Western Massachusetts	Tuberculosis and chronic illnesses in adults and children.

care

The hospitals continue to provide inservice training, conduct seminars, participate in broadly sponsored programs, train paramedical personnel and engage in research. The training schools for Licensed Practical Nurses at Western Massachusetts, Tewksbury, Pondville and Lemuel Shattuck Hospitals graduated 131 students during the year. The latter three schools changed from a 15-month to a 12-month curriculum. Rutland Heights operates a continuous training course for Nurses Aides in conjunction with the Montachusett Vocational Technical School in Fitchburg, as well as a two-semester course for Rehabilitation Assistants.

At the same time, research, a major function of all hospitals is being expanded and encouraged, especially in the areas of cancer, heart disease and stroke.

THE STATE LABORATORY INSTITUTE

Through its two sections, the Division of Biologic Laboratories and the Division of Diagnostic Laboratories, the State Laboratory Institute continued to provide a massive service to the Commonwealth at a cost of approximately 30¢ per capita. For the small sum of \$1,500,000, the Institute carried out many functions of benefit to the entire population:

- *Performance of a variety of tests on three-quarters of a million specimens for clinical diagnostic purposes.
- *Distribution of approximately 2.5 million doses of serums and vaccines made at the Institute.
- *Distribution of an additional 967,000 doses of products either purchased elsewhere or prepared by the Institute on contract for the Red Cross.

Biologic Laboratories

Despite problems of staffing and funding, the Division of Biologic Laboratories made significant progress during the year in its pioneer development of anti-Rh globulin. The globulin will be provided free to women in Massachusetts who require it to prevent their babies from having Rh disease.

The Biologic Laboratories took a leading part in the national program to establish the feasibility of testing blood for hepatitis-associated antigen before its use. Reagents were prepared and distributed nationally for limited use, but were made generally available to blood banks within Massachusetts to conform with the new regulations of the Division of Medical Care.

The Division also participated in the nationwide program sponsored by the National Institutes of Health to carry out extensive field trials in the use of a vaccine against pneumonia, the third major cause of death among the elderly.

Diagnostic Laboratories

The Metabolic Disorders Laboratory instituted routine testing of all newborn babies in Massachusetts for blood levels of all amino acids to detect unusual or obscure abnormalities of these substances. Another program tests the cord blood of newborn babies for galactosemia. The Metabolic Disorders Laboratory also actively explored the possibility of incorporating tests for lead poisoning and sickle cell anemia into its program. Should the Legislature pass legislation to set up such testing programs, the laboratory could readily expand its coverage to include them.

More Than Services

The function of the State Laboratory Institute is more than the provision of services. Other important functions include:

- *To furnish facts in place of guesswork.
- *To provide guidance for interpreting what goes on in public health and planning for the future.
- *To assist directly or indirectly in programs for the maintenance of health and the prevention of disease.

The role of the Institute takes on added significance as some diseases are conquered and others challenge the skill and training of the Department's physicians and scientists. Advanced technology and more sophisticated knowledge demand the most modern organization, both in terms of money and personnel, that the State can provide.



Table 5
SIX YEAR SUMMARY OF NUMBER AND
KINDS OF SPECIMENS EXAMINED BY THE
DIAGNOSTIC LABORATORIES

	Fiscal Year					
	1966	1967	1968	1969	1970	1971
Bacteriology						
Agglutinations	5,175	4,756	4,580	2,566	2,535	2,420
Enteric Pathogens	11,431	12,954	11,979	12,512	13,830	13,019
Gonorrhea	5,999	6,297	7,107	5,614	6,461	13,463
Malaria	3	3	3	3	---	---
Mycology	259	247	221	154	195	147
Throat Cultures	54,029	99,041	113,858	114,845	143,157	166,586
Tuberculosis	4,561	3,850	4,122	4,115	4,687	5,152
Vincent's Gingivitis	1	18	21	16	10	18
Food	xx	xx	xx	53	68	45
Miscellaneous	1,029	987	458	370	1,270	460
Totals	82,487	128,153	142,349	140,248	172,213	201,310
Wasserman						
Syphilis Serology	475,310	477,911	489,726	455,190	415,162	376,559
Rabies	520	516	672	616	632	691
Totals	475,830	478,427	490,398	455,806	415,794	377,250
Virus						
Virus Isolations	342	258	400	528	280	331
Virus Serology	582	438	528	2,423	6,172	5,416
Encephalitis Program	4,017	3,881	1,904	3,633	3,687	4,260
Rubella Program	---	---	975	1,166	4,791	4,832
Totals	4,941	4,577	3,807	7,750	14,930	14,839
Metabolic Disorders						
Screening Program	187,628*	186,182*	186,123*	152,563*	335,123	233,533
Grand Totals	750,886	797,339	822,677	756,367	938,060	826,932

xx Included under Miscellaneous prior to Fiscal 1969.

* Included only blood specimens for PKU screening.

Table 6
DIAGNOSTIC LABORATORIES
PKU AND OTHER METABOLIC DISORDERS LABORATORIES
JULY 1970-JUNE, 1971

Total number of newborn blood specimens tested	92,036
Total number of follow-up blood specimens tested	195
Total number of urine filter specimens tested	74,251
Total number of cord blood filter specimens tested	63,463
Total number of specimens from special studies:	
Autopsy blood	50
Fernald State School	97
Hathorne State School	23
Paul A. Dever State School	3
Wrentham State School	4
J. T. Berry Rehabilitation Center	204
Rutland Rehabilitation Center	36
Massachusetts Mental Health	7
New England Regional Primate Research Center	709
Prenatal plasmas	903
New Guinea	751
Rhodesia	780
Out-of-state	21
Total	3,588
Total number of specimens	233,533





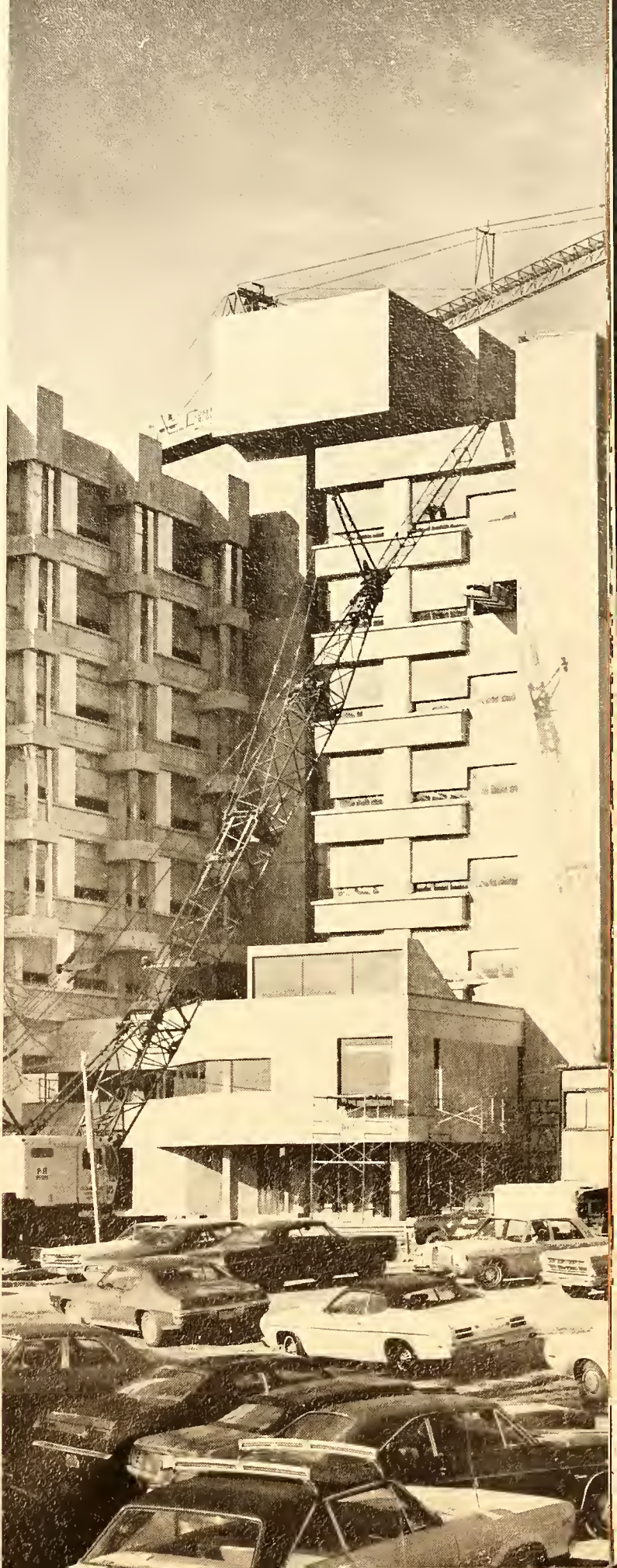
MEDICAL CARE


Through its programs of standard setting, inspection, licensure and review, the Department assures the people of Massachusetts safe health care. The Division of Medical Care, the health care regulatory arm of the Department, is responsible for the establishment of quality control and utilization, and the development of resources in a health care system that includes more than 1,600 health facilities — hospitals, nursing homes, rest homes, clinics, infirmaries, home health agencies, homes for unwed mothers, ambulances and independent laboratories. It is also responsible for the inspection of all diagnostic and therapeutic X-ray units in hospitals, private offices and departments of nuclear medicine.

Five Bureaus within the Division permit more effective function of its activities within these areas:

Standards and Patient Care Review

In the past year, the Bureau of Standards and Patient Care Review revised the Rules and Regulations for Long-Term Care Facilities (formerly Rules and Regulations for Nursing Homes and for Rest Homes). These new Rules and Regulations incorporate four distinct levels of care, the underlying purpose of which is to assure individuals in long-term care facilities the proper placement and surroundings that will meet their special needs, and to provide appropriate, qualified medical, nursing and ancillary services. The Department worked in cooperation with the Rate Setting Commission and the Department of Public Welfare to implement the reimbursement process under the new regulations.





The Bureau made other revisions during the year — all aimed at improving services throughout the state:

*The Newborn and Obstetrical Sections of the Hospital Regulations were completely revised, and consultation provided by the Bureau to hospitals to aid in the implementation of the regulations. These now require hospitals to make provision for care of infants with special needs. As a result, regional special care nurseries to which infants in need of intensive medical care can be transferred are being developed.

*The Continuing Care Sections of the Hospital Regulations were revised to provide for the designation of a coordinator of continuing care in a hospital to assure effective discharge procedures and continuity of care for patients.

*The Blood Bank Evaluation Program inspected 90 blood banks and instituted a monthly statistical report on the utilization of blood and its components. This had led to the consolidation and centralization of blood banking services with a concomitant improvement in services and the more effective utilization of blood.

Resource Development

Established in July 1970, the Bureau of Resource Development has two major functions: 1) to approve the need for new facilities or the expansion or modification of existing facilities; 2) to administer the Hill-Burton program for the construction and modernization of hospitals and other medical facilities.

During fiscal 1971, the Bureau received 92 requests from hospitals and clinics and acted upon 36; the others are pending or have not been followed up by the applicants. It received 326 requests for the construction or expansion of long-term care facilities and acted upon 96.

The Bureau revised the Massachusetts State Plan for the Construction and Modernization of Hospitals and Facilities by substituting the regions of the Office of Planning and Program Coordination for the Hill-Burton hospital service areas. The change was made to conform to comprehensive health planning and other planning agencies in the state.

Planning and Construction

The Bureau of Planning and Construction is responsible for the planning, design and construction of all health care facilities in the Commonwealth, including those under Hill-Burton. In 1969, the Bureau received for approval a total of 260 plans for construction; it processed approximately 250 projects and made payments of approximately \$13,500,000 for the Hill-Burton program.

Health Facilities

The Bureau of Health Facilities, which is responsible for the continuing programs of inspection, licensure and certification of health facilities under the Department's jurisdiction, enforces the standards set by the Division. The scope of its activities is indicated by the number of facilities it recommended to the Public Health Council for licensure in the past year:

267 nursing homes
122 rest homes
9 city or town infirmaries
9 public medical institutions
48 clinics
38 hospitals

In addition, it recommended approval of 116 increases in bed quotas and certification of 361 facilities to participate in Medicare. During the year, 34 nursing homes and 12 rest homes closed; 12 new nursing homes and 2 new rest homes opened.

Radiation Control

The activities of radiological health specialists in the Bureau of Radiation Control help to insure compliance with the Department's program to control hazards from ionizing and nonionizing radiation sources. All new diagnostic and therapeutic X-ray units are inspected as are color television receivers, microwave ovens, diathermy units and radium installations.

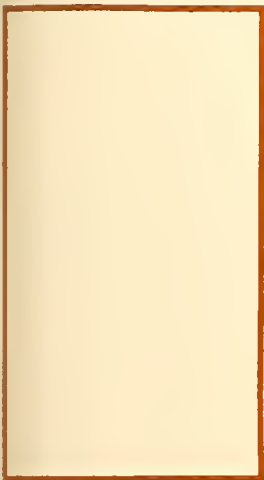
The Bureau conducted a pilot survey of diathermy units throughout Massachusetts and recommended a complete survey because of possible harm to patients. The Bureau found that citizens receive 55 times more ionizing radiation from diagnostic and therapeutic procedures than from environmental pollution caused by nuclear power reactors.

Regulations for Radiotherapy Services in all hospitals and clinics were developed during the year and will be presented for approval to the Public Health Council in September 1971. These rules will give the Department control over the development and operation of radiotherapy services and assure patients quality care.

In addition to the five Bureaus, the Division has developed an Information Systems Unit that works to establish statistical capabilities and data systems. These systems will take on even greater significance in the years ahead as the responsibilities and tasks of the Department assume greater proportions in the total health care system.







FAMILY HEALTH

An important aspect of the Department's efforts to foster a healthy society centers around improved services to mothers and children. Through the Division of Family Health Services, it carries out many programs that seek to reduce infant and maternal morbidity and mortality, promote maternal and child health, and evaluate and treat handicapped children. Emphasis in the past year has been on a functional system of programs that are concerned with the overall delivery of health care rather than categorical areas of specialized services. Working with other divisions of the Department, the Division of Family Health Services has enunciated the principle that personal health services should be comprehensive and provide for continuity throughout the human life cycle; they should be family centered and they should be available, accessible and acceptable to individuals and families.

Handicapped Children's Services

Established in March 1970, the Bureau of Handicapped Children's Services seeks to reduce the incidence of handicapping conditions through the provision of genetic counseling and support of genetic research. Other projects aim to locate handicapped children at an early age so that they may have the opportunity to develop to their greatest potential. The Division continued to operate its clinics across the state and to provide evaluation and diagnosis.

Adult and Maternal Health

Consistent with the Department's philosophy that health care must be comprehensive and available to all residents of the Commonwealth, no matter what their age, the Bureau of Adult and Maternal Health is developing programs geared to the needs of men over the age of 21 and women beyond the age of child-bearing.





Family Planning

During fiscal 1971, the Division of Family Health Services was actively engaged in planning and preparing for the development of family planning services in the Commonwealth. Its major objective is to provide professional and technical assistance in the areas of training and data collection. Although the Division was hampered by a limited staff, it was able to provide some assistance to communities interested in initiating family planning programs.

Since family planning represents an important element in comprehensive, total family-centered health services, it will grow in size and significance in the future. Cutting across Departmental lines, the Division was instrumental in establishing a consortium of representatives from the Departments of Public Health, Welfare, Mental Health and Community Affairs and from Planned Parenthood of Massachusetts, representing private agencies, to provide a broad base for family planning programs. The Division recommends that the Department participate actively in the six-state regional proposal for a family planning data system sponsored by HEW, and that the consortium develop a broader base by involving more representatives from the private sector.

Child Help and Development

New in the Division is the Bureau of Child Health and Development, which is concerned with the interaction of social, intellectual and emotional development of children with their physical development.

The Maternal and Infant Care Project and the related Children and Youth Projects continued to provide comprehensive health care to low income residents of Boston. The Department contracts with six major teaching hospitals and the Visiting Nurse Association of Boston to provide free services to nine satellite clinics. These clinics offer high quality comprehensive prenatal and postpartum care to about 2,500 mothers who constitute a high risk from a medical or socioeconomic point of view.



controlling communicable



disease

Through its state-wide immunization programs, the Department continues to record remarkable progress in controlling measles, mumps and rubella. The Measles Immunization Program completed the immunization of school children in 1969 and entered its second year of maintenance in 1970. From a high of 19,512 cases of measles reported in 1965, the number dropped to 482 in 1970. Massachusetts, like the rest of the country, however, experienced an increase in reported measles for 1970.

For the calendar year 1970, the Department administered 201,104 doses of live attenuated mumps vaccine to susceptible children and teenagers, and began the immunization of preschool children from age one. In 1970, the number of cases of mumps reported dropped to 3,270 as compared with 4,476 in 1969. During the two-year period of the immunization program, the incidence of mumps decreased by 64 percent.

The aim of the Rubella Control Program is to protect expectant mothers from contracting the disease, which can result in death or serious harm to an unborn infant. In fiscal 1971, the objective of the Department was to immunize first all students from kindergarten through age 12 who had not been previously immunized, and then preschool children. During that period, the Division of Communicable Diseases made available 388,000 doses of vaccine. In the same period, 1,024 cases of rubella were reported as compared with 1,737 cases in 1969.

The prevalence of other immunizable diseases remains low. Massachusetts remains a polio-free state with no cases reported since 1968. Forty-nine cases of whooping cough were reported in 1970, with a seven-year median of 85. Only two cases of tetanus were reported, and none of diphtheria.

Another communicable disease to be noted for the year was Reye's Syndrome. In January and February 1971, during the height of the influenza outbreak, there were 21 cases, 11 of which resulted in death.

To maintain the progress made in controlling and eliminating those communicable diseases for which immunizing agents are available, the Department will continue its educational programs for both the professional and lay populations, and will make available new vaccines as they become licensed. During fiscal 1972, it will use a bivalent measles-rubella vaccine that was licensed in August 1970.





VENEREAL DISEASE PROGRAM

The increase in venereal disease throughout the country is replicated in Massachusetts. The 8,026 cases of gonorrhea reported in 1970 represent a 7.3 percent increase over 1969. During the years 1960-70, the incidence of gonorrhea rose from 2,453 cases to 8,026 cases, a staggering increase of 227.2 percent (Table 3).

Syphilis, which had been on the decline in the Commonwealth, showed a rise of 216 reported cases for a total of 2,119 cases in 1970. During the same period, primary and secondary syphilis rose from 206 to 314 cases; early latent syphilis increased by 1.7 percent.

Education, treatment and control are the three prongs of the Division's attack upon venereal diseases. The Department's extensive educational program includes formal training lectures, films, wide distribution of literature (59,229 pieces), 1,203 consultations, radio and TV programs. To reach the growing Spanish-speaking population in the state, the Division prepared and distributed two pamphlets in Spanish, "Facts About Gonorrhea" and "Facts About Syphilis."

The 22 Cooperating State Venereal Disease Clinics, which examined 14,289 patients (a total of 34,621 visits), are located mainly in the outpatient departments of general hospitals. They are, however, reimbursed by the Department for maintenance and operation.

In addition to its activities in prevention and control, the Division is engaged in the following applied research studies:

- *Evaluation of spectinomycin as an alternate drug in the treatment of gonorrhea.
- *Evaluation of penicillin treatment in gonorrhea, carried out on a quarterly basis.
- *Long-term follow-up of chronic biologic false positive reactors.

COMMUNICABLE DISEASES IN MASSACHUSETTS 1971

Gonorrhea and syphilis	10,896 cases
Chickenpox	8,162 cases
Mumps	2,306 cases
Viral Hepatitis	1,990 cases
Scarlet Fever	1,669 cases
Rubella	1,024 cases
Measles	363 cases

Table 4

Table 3
GONORRHEA

MASSACHUSETTS 1960-70

9000
8000
7000
6000
5000
4000
3000
2000

8026

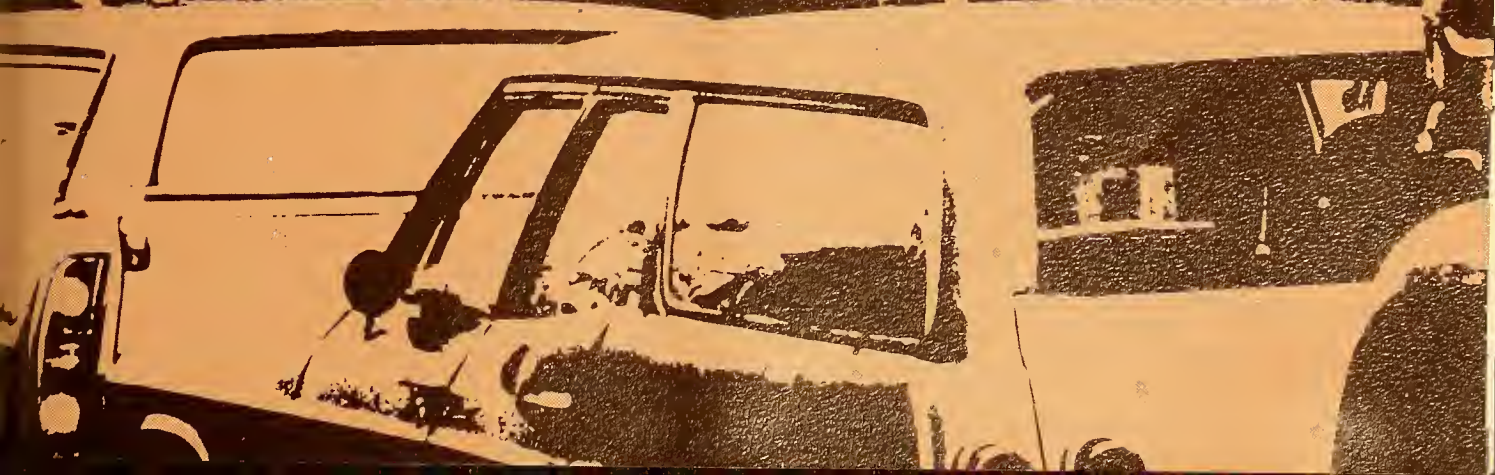
2 O'CLOCK Lounge

61 62 63 64 65 66 67 68 69 70

LOCKERS

ROOMS

2 O'CLOCK



protecting

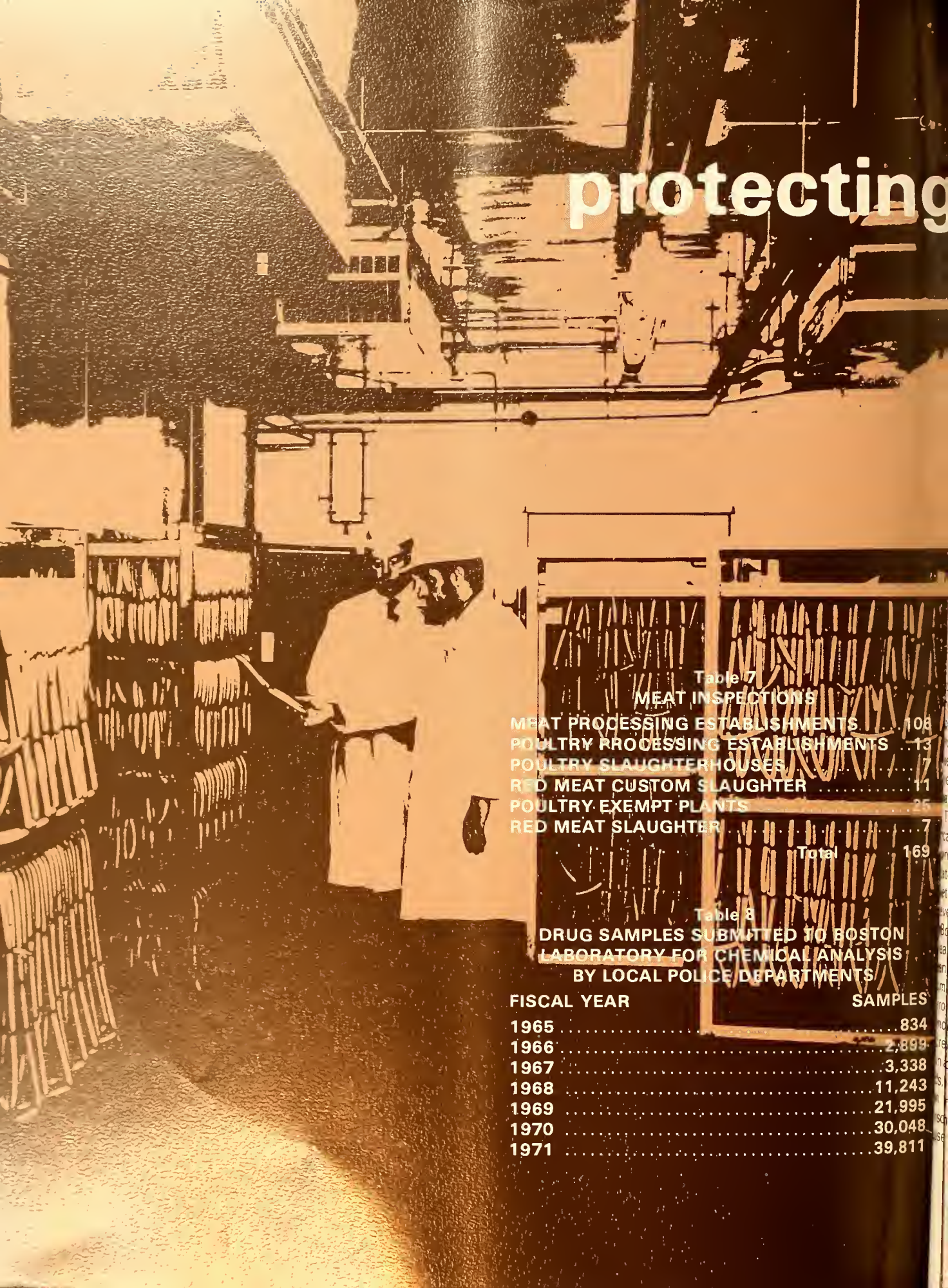


Table 7
MEAT INSPECTIONS

MEAT PROCESSING ESTABLISHMENTS	108
POULTRY PROCESSING ESTABLISHMENTS	13
POULTRY SLAUGHTERHOUSES	17
RED MEAT CUSTOM SLAUGHTER	11
POULTRY EXEMPT PLANTS	25
RED MEAT SLAUGHTER	7

Total 169

Table 8
DRUG SAMPLES SUBMITTED TO BOSTON
LABORATORY FOR CHEMICAL ANALYSIS
BY LOCAL POLICE DEPARTMENTS

FISCAL YEAR	SAMPLES
1965	834
1966	2,899
1967	3,338
1968	11,243
1969	21,995
1970	30,048
1971	39,811

the consumer

As the individual grows more aware of hazards to his health — whether in the air he breathes, the water he drinks, the food he eats, the clothing he wears, the medications he ingests or the toys he buys — the responsibilities of the Department in maintaining a healthy environment magnify daily. The growth in population, with the concomitant demand for more products and services, tends to intensify and multiply the problems that impair the quality of life.

Protecting the consumer public from the detrimental effects of chemicals, adulterated foods, unsanitary bedding and upholstery is the objective of the Division of Food and Drugs. The overall responsibilities encompass the licensing of vending machines, cold storage warehouses, upholstered furniture, stuffed toys; the licensing of manufacturers of narcotic drugs, establishments that use animals for experimental purposes; the licensing of slaughter houses and meat and poultry establishments.

In fiscal 1971, the Division developed its meat and poultry inspection program, which was approved by the federal government as being equal to their inspection standards. The meat inspection section has grown from three to over 40 positions, and from a total cost of \$25,000 a year to almost \$400,000. Meat inspectors inspect 169 establishments throughout the state (Table 7).

The Food and Drug Laboratories of the Division, located in Boston and Amherst, provide vital information and services to local boards of health, local and state police, the Department of Natural Resources, Metropolitan District Commission and the Alcoholic Beverages Control Commission.

Both laboratories have been overtaxed by the increase in drugs submitted for analysis by law enforcement agencies throughout the state. Although the number of samples of all illicit drugs has increased, heroin samples nearly tripled and those of opium almost doubled. Marijuana samples, on the other hand, increased by only one-half (Table 8).

In addition to surveillance and enforcement of standards, the Department continued its program of education for local health inspectors and food industry personnel, and for police agencies on drugs and drug abuse.

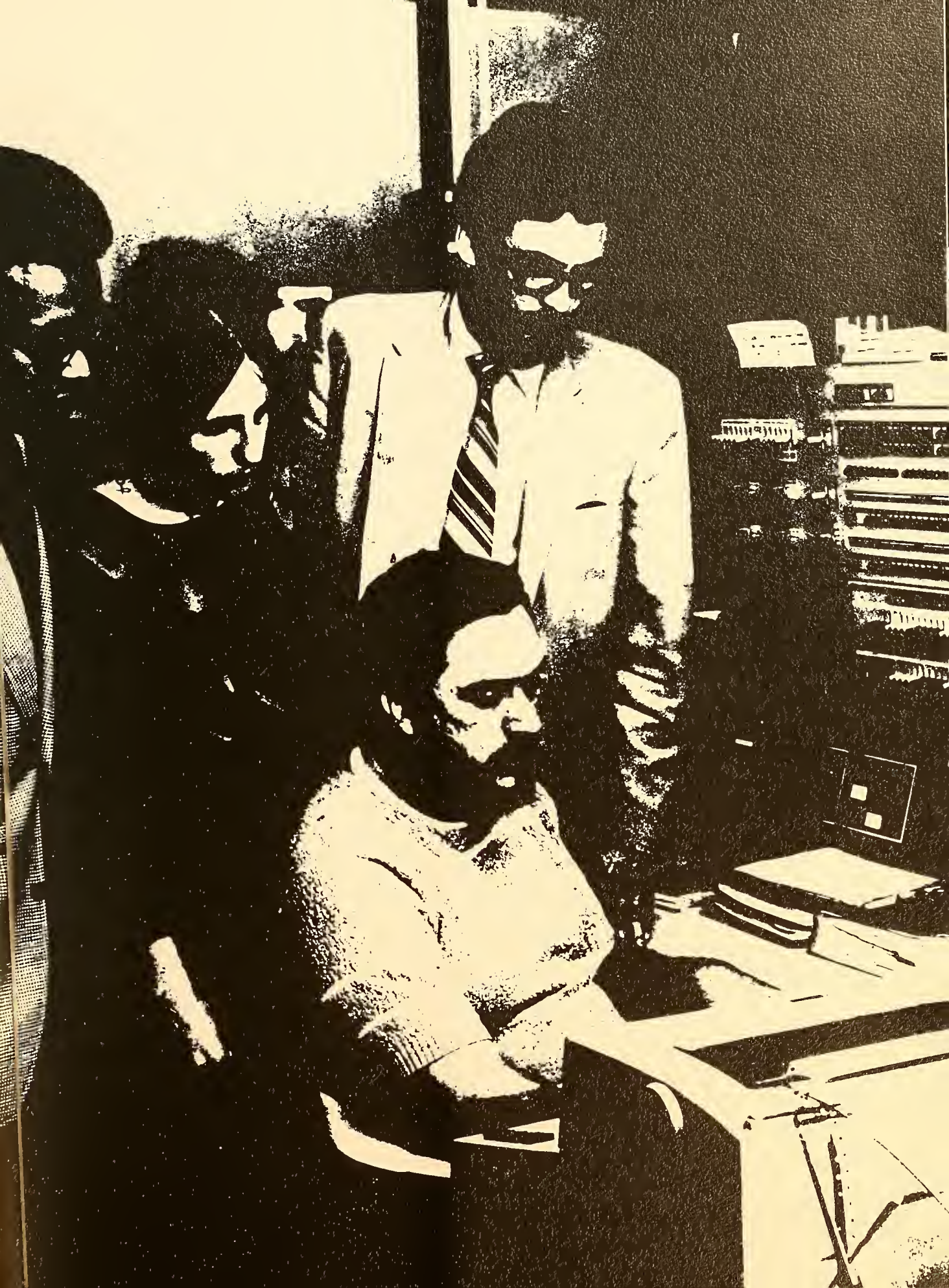




the future is now!

Progress in public health in the past 100 years has been achieved by the successful surmountings of many formidable problems. The Department's determination to update old programs and to create new patterns of care guarantees continued progress in solving the problems of the future.

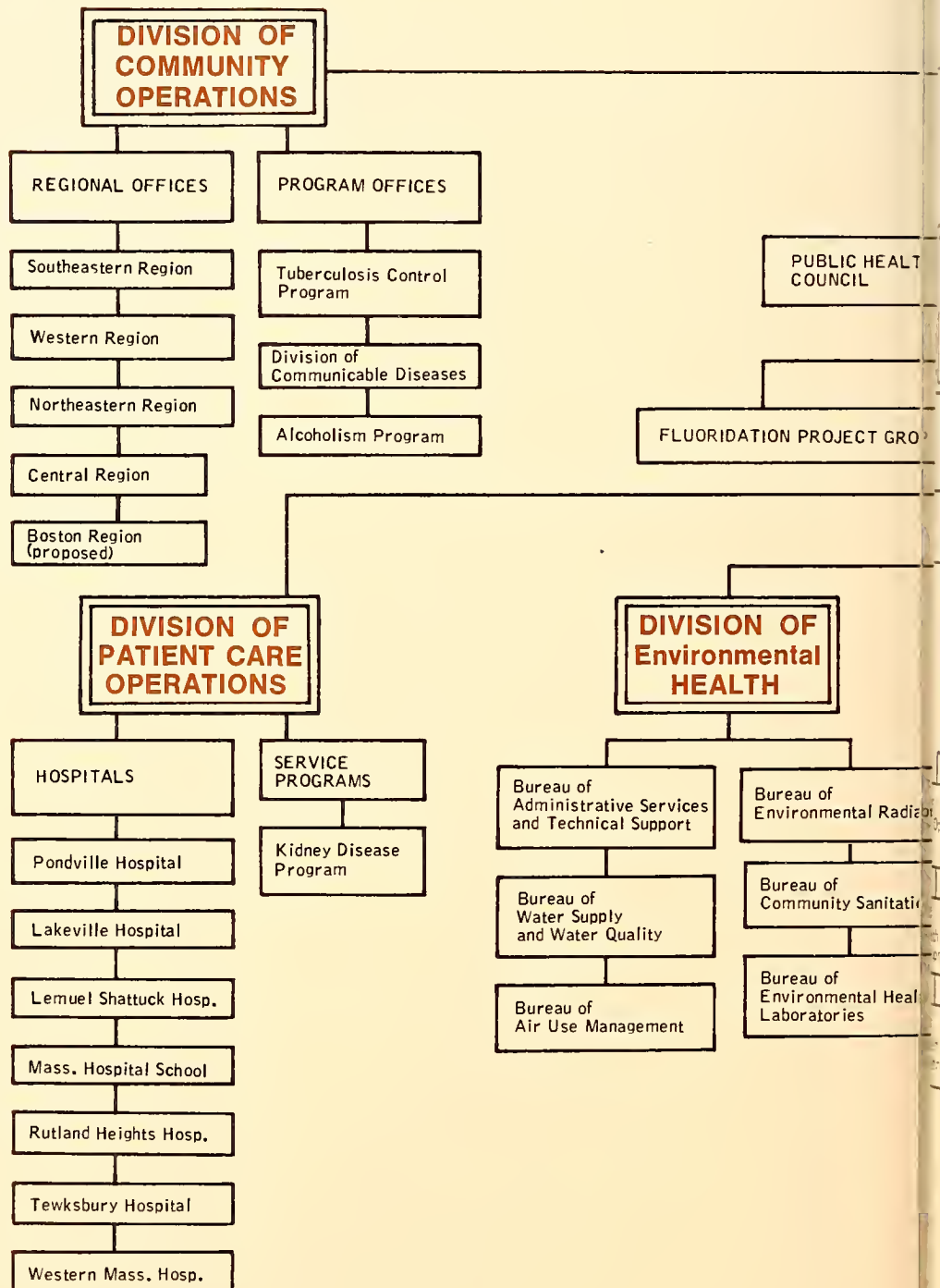
The first century of the Department is in the past. The future is now.

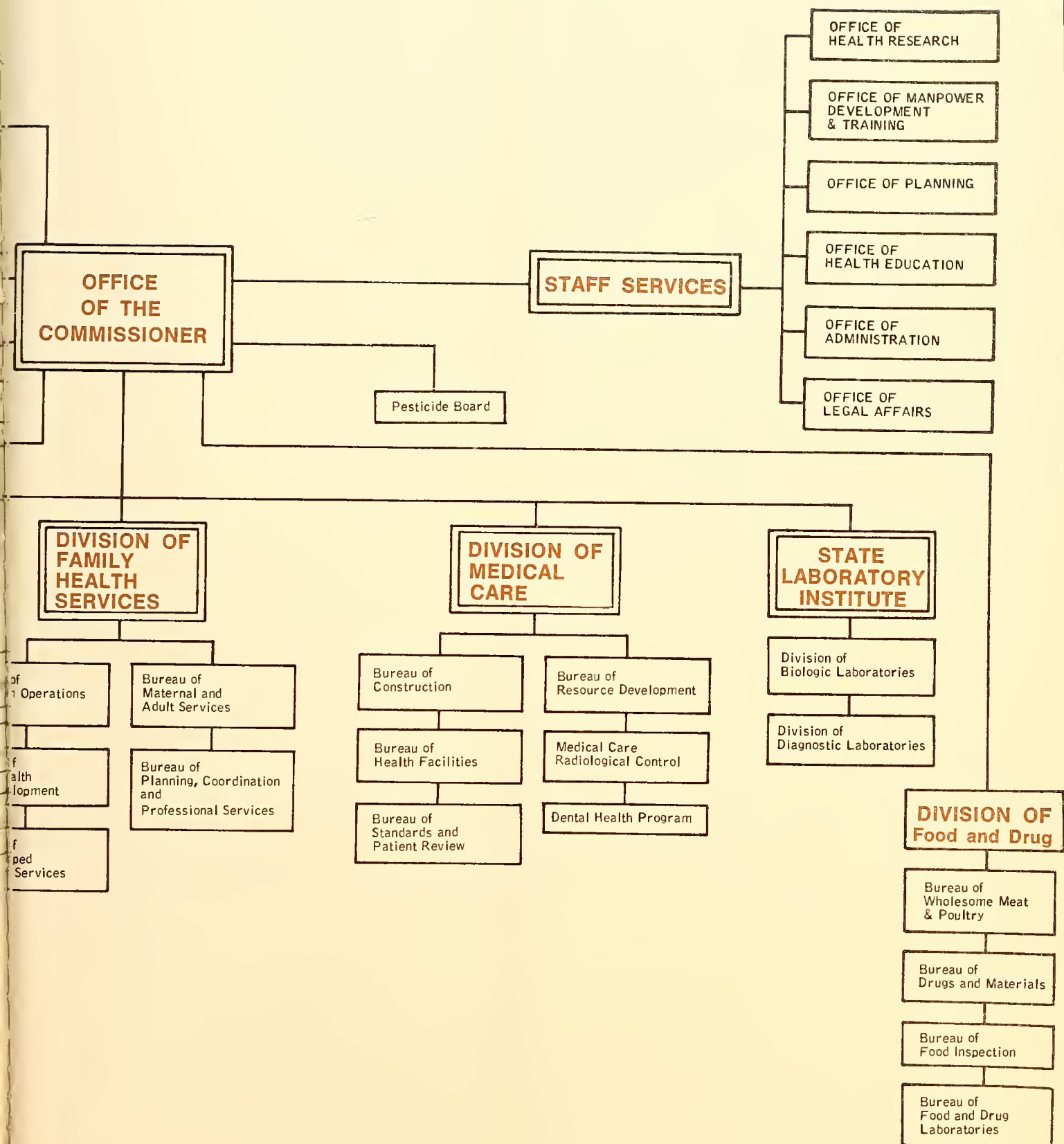


DEPARTMENT OF PUBLIC HEALTH

ORGANIZATION

ORGANIZATION





**DEPARTMENT OF PUBLIC HEALTH
EXPENDITURES 1971**

FISCAL YEAR	TOTAL EXPENDITURES	PER CAPITA	TOTAL STATE	PER CAPITA	TOTAL FEDERAL	PER CAPITA
DEPARTMENT 1971	\$23,793,237	\$4.18	\$15,837,193	\$2.78	\$7,956,044	\$1.40
INSTITUTIONS 1971	\$29,951,532	\$5.27	\$29,951,532	\$5.27		
GRAND TOTAL 1971	\$53,744,769	\$9.45	\$45,788,725	\$8.05	\$7,956,044	\$1.40

EXPENDITURE REPORT - HEALTH SERVICES JULY 1, 1970 - JUNE 30, 1971

HEALTH PROGRAMS	STATE	FEDERAL	TOTAL
Bureau of Administration	805,389.56	1,074,697.00	1,880,086.56
Bureau of Environmental Health	1,405,456.19	61,511.47	1,466,967.66
Air Pollution Districts	207,372.63	376,018.79	583,391.42
Bureau of Consumer Products Protection	1,351,430.21	47,992.54	1,399,422.75
Medical Care Program	1,509,891.45	843,724.05	2,353,615.50
Dental Health	87,522.10	21,130.82	108,652.92
Communicable Diseases	872,629.40	142,728.77	1,015,358.17
Venereal Disease Control	777,469.71		777,469.71
Alcoholism	949,754.23	500.00	950,254.23
Regional Office and Service Areas	968,559.56	560,830.09	924,389.65
Tuberculosis Program	4,268,657.00	132,021.14	4,400,678.14
Institute of Laboratories	1,818,158.36	195,249.70	2,013,408.06
Family Health Services	1,419,902.93	4,499,639.59	5,919,542.52
TOTAL — DEPARTMENT MAINTENANCE	\$15,837,193.33	\$7,956,043.95	\$23,793,237.29

HEALTH PROGRAMS	STATE	FEDERAL	TOTAL
HOSPITALS			
Lakeville Hospital	3,213,805.00	-----	3,213,805.00
Lemuel Shattuck Hospital	8,239,581.00	-----	8,239,581.00
Massachusetts Hospital School	2,444,891.00	-----	2,444,891.00
Pondville Hospital	2,985,643.00	-----	2,985,643.00
Rutland Heights Hospital	3,027,675.00	-----	3,027,675.00
Tewksbury Hospital	7,455,949.00	-----	7,455,949.00
Western Massachusetts Hospital	2,583,988.00	-----	2,583,988.00
TOTAL HOSPITALS	29,951,532.00	-----	29,951,532.00
FINAL TOTALS — DEPARTMENT AND HOSPITALS	\$45,788,725.33	\$7,956,043.96	\$53,744,769.29

COVER

THIS DEPARTMENT SEAL DESIGNED:
By William C. Foster With Suggestions
Made by Dr. Charles L. Foster and Barry O'Neill.

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

June 30, 1971

Commissioner of Public Health,
Alfred L. Frechette, M.D., M.P.H.

PUBLIC HEALTH COUNCIL

Alfred L. Frechette, M.D., M.P.H.

Chairman

John H. Knowles, M.D. 1964-1970
Samuel Kovner 1960-1971
John P. Rattigan, M.D. 1966-1972
Benjamin M. Banks, M.D. 1967-1973
Ernest B. Berger, M.S. 1966-1974
Alfred E. Sirianni 1963-1975
Moira E. Nixon, *Secretary*

OFFICE OF THE COMMISSIONER

Deputy Commissioner of Public Health

Ernest W. Cook, Ph.D.

Chief Attorney

Robert F. Troy, LL.B., J.D.

Administrative and Legal Assistant to
the Commissioner

Margaret M. Blizard, M.P.H., J.D.

Executive Assistant to the Commissioner

Carleen L. Durso, LL.B.

Outside Board

Levis F. Wells, M.S.

DIVISION OF COMMUNITY OPERATIONS

Derek Robinson, M.D., D.P.H., *Director*

Alcoholism Program
Communicable Diseases
Tuberculosis Control Program

Edward Blacker, Ph.D.
Nicholas J. Fiumara, M.D., M.P.H.
Thomas J. Kearns, A.B.

Regional Health Offices

Central Region
Northeastern Region
Southeastern Region
Western Region

Gilbert D. Joly, B.S.
Frederick A. Dunham, M.D., M.P.H.
Benjamin Sachs, M.D., M.P.H.
Jerome S. Peterson, M.D.

DIVISION OF ENVIRONMENTAL HEALTH

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Air Use Management James L. Dallas, M.S.
Community Sanitation Richard M. Powers, M.S.
Environmental Health Laboratories Barnet L. Rosenthal, M.S.
Environmental Radiation Cornelius J. O'Leary, M.S.
Water Supply and Water Quality George J. Coogan, M.S.

DIVISION OF FOOD AND DRUGS

George A. Michael, B.S., *Director*

Drugs and Materials
Food and Drug Laboratories Leon A. LaFreniere, B.S.
Food Inspection Paul J. Walsh

DIVISION OF FAMILY HEALTH SERVICES

Dorothy J. Worth, M.D., M.P.H., *Director*

Maternal and Child Health Services M. Grace Hussey, M.D., M.P.H.

DIVISION OF MEDICAL CARE

Ann H. Pettigrew, M.D., *Acting Director*

Construction Richard Knapp, B.S.
Dental Health Program William D. Wellock, D.M.D., M.P.H.
Health Facilities Irene R. McManus, M.P.H.
Medical Care Radiological Control Gerald S. Parker, S.M., S.M.Hyg.
Resource Development Myer Herman, M.D., D.P.H.
Standards and Patient Review Harvey I. Remmer, M.D.

DIVISION OF PATIENT CARE OPERATIONS

Henry W. Kolbe, M.D., *Acting Director*

Kidney Disease Program Joan M. Leeming, M.D.

Hospitals

Lakeville Hospital George S. Watson, M.D.
Lemuel Shattuck Hospital George M. Cook, A.B.
Massachusetts Hospital School Donald C. Gates, M.D.
Pondville Hospital Henry W. Kolbe, M.D.
Rutland Heights Hospital Endre K. Brunner, M.D.
Lemuel Shattuck Hospital George M. Cook, A.B.
Tewksbury Hospital Thomas J. Saunders, B.A.
Western Massachusetts Hospital I. Herbert Scheffer, M.D.

DIVISION OF STAFF SERVICES

Richard T. Fleming, M.B.A., *Director*

Administration William R. Benson
Health Education Marie F. Gately, M.Ed., M.P.H.
Health Research Leslie Lipworth, M.D.
Manpower Development, Training Ann M. Thomson, R.N., M.P.H.
Planning Richard H. Seder, M.D., M.P.H.

STATE LABORATORY INSTITUTE

Geoffrey Edsall, M.D., *Superintendent*

Biologic Laboratories George S. Grady, M.D.
Diagnostic Laboratories Kenneth F. Girard, Ph.D.



MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

June 30, 1971

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Margaret M. Blizard, M.P.H., J.D.

Executive Assistant to the Commissioner

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Pesticide Board

Lewis F. Wells, M.S.



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Tuberculosis Control Program

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Gilbert D. Joly, B.S.

Northeastern Region

Frederick A. Dunham, M.D., M.P.H.

Southeastern Region

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Western Region

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Gerald S. Parker, S.M., S.M.Hyg.

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George S. Watson, M.D.

Lemuel Shattuck Hospital

George M. Cook, A.B.

Massachusetts Hospital School

Donald C. Gates, M.D.

Pondville Hospital

Henry W. Kolbe, M.D.

Rutland Heights Hospital

Endre K. Brunner, M.D.

Lemuel Shattuck Hospital

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Leslie Lipworth, M.D.

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STATE LABORATORY INSTITUTE

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George S. Grady, M.D.

Diagnostic Laboratories

Kenneth F. Girard, Ph.D.



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